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Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

A STUDY ON THE CASES OF DISEASE OF THE SKIN TREATED AT DEMILT DISPENSARY, DURING THE YEAR 1875.

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(Continued from page 216, April, 1876.)

4. *Syphilodermata*.—Our fourth subject of study embraces the lesions due to syphilis, exclusive of the primary sores, of which we find thirty-nine cases, or 6.3 per cent., in place of the 9.8 per cent. of last year. In the former analysis the number of females was two and a half times that of the males, seventy to twenty-eight; in the present, the proportion was so far reversed as that there were twenty-two males to seventeen females. There were three cases of well-marked infantile syphilis, the youngest being a female child of six weeks, with the perfectly developed papular syphilide of infancy; another, four months old, with syphilitic pemphigus, which died a day or two after being seen; and another child,

two and a half years old, who had first syphilitic pemphigus, and later a dactylitis of the left foot. A fourth case was recorded of a child, a year old, whose mother had tubercular syphilis, but whose only symptoms, while under observation, were a moderate anaemia and diarrhoea.

The youngest patient applying with acquired syphilis was a boy, aged seventeen, with the papular form; there were in all five of twenty or less years of age, all males. Last year I recorded as the youngest a girl of thirteen; the youngest female recorded this year was twenty-two years of age. The only patients with syphilis over fifty, were two men aged fifty-one and fifty-six respectively.

Many cases have possessed great interest. One patient, a woman of thirty-six, presented the very unusual lesion of syphilitic atrophy of the interosseous muscles of the right hand. The patient was plainly syphilitic, there being many cicatrices as well as still ulcerating tubercular masses on various parts of the body. The case has done fairly under treatment, mainly with the iodide of potassium, combined with applications of electricity. The hand was about useless when treatment was begun; she can now sew with a moderate degree of swiftness and comfort.

Another female, married, aged twenty-four years, presented with constitutional syphilis a very rare lesion, namely, inflammation of the bursa in front of the knee-joint, of which there are a few cases on record, and upon which subject Dr. Keyes has recently read a paper before the New York Dermatological Society.* The knee was red and hot to the feel, and presented the aspect known as housemaid's knee, so that it was impossible for the patient to kneel upon it, the motions of the joint, however, being but slightly impaired. This has slowly yielded to specific treatment, principally the iodide of potassium.

A male syphilitic, aged thirty-nine years, with characteristic specific lesions on the left palm, tongue and leg, presented

* For full particulars of this and another case of mine, see Dr. Keyes's article. Am. Jour. Med. Science, April, 1876.

the peculiar and rare disease described briefly in my last year's Analysis as chronic circumscribed inflammation of the corpora cavernosa. The case was almost precisely similar to the one mentioned as occurring last year, and presented an indurated patch, deep in, on the dorsum of the penis, which, on erection, caused deviation backward with some pain, but otherwise offered no inconvenience, and was not sensitive even to moderate pressure. It was about an inch long and half an inch wide, with clearly defined edges, it feeling rather like a plate than like a rounded mass. It is not probable that it is due to the syphilis, as the same phenomenon has been observed in cases who have never had syphilis; and moreover it developed while the patient was under anti-syphilitic treatment, and has remained in spite of the same for many months. At last note it was found to be moving backward, as in the cases described by others.

In some instances the syphilis has resisted treatment in a very annoying manner. In one case, a young man, aged twenty-three years, received infection on July 4th, and came for treatment October 5, 1875, just three months afterwards. He was then covered from head to foot with a small papulo-tubercular eruption of medium size, involving the palms and soles as well; and in the latter situation the tubercles had ulcerated from pressure, so that walking was very difficult and painful. This eruption disappeared under treatment, but was followed by repeated attacks of deep inflammation about the insertion of the tendo Achilles, first of one foot, then of the other, seriously impeding locomotion, and by enormous double anterior cervical adenopathy, attending a very greatly diseased tongue, which resulted in suppuration of the glands on the right side. Mercurials have seemed to depress him greatly, and have been withheld from time to time to give way to mineral acids and tonics, large doses of carbonate of iron appearing to do him more good than any other remedy. Oleate of mercury, ten per cent. with morphia, has afforded most relief, applied locally to the swollen heels and to the enlarged glands.

In another case, a woman aged forty-three years, who contracted syphilis from her husband three and a half years ago, an ulcerative tubercular eruption persisted in spite of vigorous and varied treatment for many months, at least six. She had been under treatment previously, being a year in a hospital, and is covered with large and disfiguring cicatrices of former ulcerations, on the face, hands, arms, legs and body. While under treatment she had new developments of tubercular trouble, also mucous ulcerations of the tongue. She had likewise, during treatment, specific inflammation of certain joints of each hand, also osteal pains so severe as to deprive her entirely of sleep. The ulcerations finally healed under the local application of iodoform sprinkled on, and cod-liver oil and large doses of iodide of potassium have finally caused a cessation of the development of the disease, and a very manifest change in her general appearance, which was at first distressingly anæmic and depressed. From time to time she was given mercury, but it always seemed to rather do her harm.

In striking contrast to such cases many might be given where a few weeks sufficed to remove, or greatly benefit, tubercular syphilitic eruptions of various durations, the same principles of treatment being applied to both sets of cases.

During the past year I have made very considerable use of the cyanide of mercury, which certain persons have extolled as the best form in which to use the drug. I have always prescribed it combined in the same solution with iodide of potassium, and have discontinued it in one case after another, because the patients did not do so well as I am accustomed to see them do with other remedies, and because it very commonly produced more or less stomach irritation. I gave it in one-sixteenth grain doses, and it may be that some decomposition took place giving rise to irritating properties. I can not find if those who have employed it gave it alone or with the iodide of potassium. I shall make further trial of it alone, or given at different times from the iodide, and hope to obtain better results.

Last year I said that I thought that I had obtained rather better results in syphilis, from the combination of the carbonate of ammonia with iodide of potassium, than from the iodide alone, as recommended by some English surgeons. I must now state that further experience has not confirmed this, and that I have abandoned it to return to the combination with iron which I have long used.

I have employed with benefit local mercurial fumigations, where the tongue and throat were the seat of syphilitic disease, and have also prescribed inunctions as adjuvants to other treatment, when a rapid action was desired.

5. *Scabies*.—A rather larger proportion of patients with scabies, twenty-six, or 4.2 per cent., against 3.6 per cent. of last year, was caused by the recent breaking up of the nursery on Randall's Island, as quite a large share of the cases occurred within the last few months, and either came directly from there or were the results of infection thence derived. There were but two persons with the disease over twenty years of age, and these were both married women, one of whom brought a child affected with it, whence the contagion. The youngest patient was six months of age, and eighteen out of the twenty-six cases were under fifteen years. The sexes stood fifteen males to eleven females, about the same proportion as last year. In four instances two members of the same family applied for treatment; no larger number was observed in the same family. Many of the cases were in very scrofulous and debilitated children, in whom the acarus caused severe pustular eruptions, which required to be treated by emollient applications before the anti-parasitic remedies could be safely employed. For this purpose, the hands especially were soaked and wrapped in cod liver oil, which is in a measure inimical to the insects, as it mechanically hinders their breathing, while at the same time its soothing properties render it very grateful to the inflamed skin. Pure sulphur ointment was rarely used, because of the delicate skins generally found in those with the disease, but generally a little sulphur was used in combination with liquid storax and carbonate of potash, in ointment.

6. *Dermatitis*.—Under dermatitis I include inflammations of the skin distinct from eczema, furuncles or erysipelas, which are caused generally by extraneous irritating elements, but may be of internal origin. Thus, of *dermatitis calorica* there were eight cases, seven being caused by heat, being burns in various degrees, and one from cold, a frost bite. Of the variety *dermatitis venenata*, there were four cases, three from the *rhus toxicodendron*, two boys of fifteen and sixteen, and a girl twenty-one years of age, and one from an irritating liniment, applied for rheumatism of the knee, by a woman fifty years old. Three cases of dermatitis were of traumatic origin; and in eight others, the cause or variety was not stated or was insignificant. The total number was twenty-three, or 3.7 per cent. of the whole.

The indications of treatment vary of course with the case. For the poisoning by the *rhus* the black wash was employed, and caron oil later in one case.

7. *Tinea*.—The cases of vegetable parasitic diseases were twenty-one in number, eight males and thirteen females, and were thus divided: First, those due to the parasite *trichophyton*—(a) *tinea circinata* (ring-worm of the body) twelve cases, (b) *tinea tonsurans* (ring-worm of the head) two cases, total fourteen; second, that caused by the *microsporon furfur*, the *tinea versicolor*, five cases; third, that due to the *achorion Schönleinii*—*tinea favosa* or *favus*, two cases. There was no instance recorded during the year of parasitic sycosis, nor of disease of the nail of parasitic origin. In regard to another disease, reckoned by some among the vegetable parasitic diseases of the skin, namely, *alopecia areata*, I do not believe in its parasitic origin, even if there were any cases to record, which there were not.

Of the dozen cases of ring-worm of the body, eight were in females and four males, most of them being in children; in one instance, a mother and child at the same time presented the disease. The two cases of *tinea tonsurans* were in children, a girl and boy, each six years of age, and one child with the circinate form had the disease extending from the

forehead up on to the hairy scalp, where it took the form of tonsurans, with broken or nibbled hairs, a clear demonstration of the identity of what was formerly supposed to be two distinct affections. The four male cases were in boys, except one patient, who was a hostler, aged twenty-four years, and presented, with his ring-worm of the face, an eczema of the thighs; and although the scales of the latter were not examined microscopically, we can be pretty certain that the disease here was also of parasitic origin, as we know that the eczema marginatum of the thighs and scrotum is but a form of this trichophytic disease. He probably contracted both forms from horses, as we know both these animals and dogs are liable to have the disease, and contagion has been traced from them.

Tinea versicolor, the pityriasis versicolor, or chloasma of the breast, of older writers, affected five persons—three females and two males; the youngest a female of fourteen, the oldest a male thirty-one years of age. Fourteen is a very early age at which to see it. I do not remember ever having seen it earlier; nor is it often met with after fifty. This eruption is very frequently called syphilitic, and I not infrequently find patients who have been salivated for it. It is, perhaps, the most harmless of all the skin affections, purely local and removable solely by local means.

The two cases of favus, or *tinea favosa*, were in a woman of twenty-eight, and a boy of fourteen years of age. In the woman it had already lasted fifteen years, and several years in the boy; and will probably last many years longer in both, for they were very fitful in their attendance. I have never seen in this country the severe cases covering much of the scalp, as found in Scotland and Germany. The disease here is generally confined to a few isolated or grouped spots, as in both these cases, and gives the patient so little annoyance that they are generally careless about it.

In regard to the treatment, I have generally followed that mentioned in my last year's report, avoiding still the use of bi-chloride of mercury washes often recommended, because

of the danger both of absorption, and also of having such a poison around where it might be taken internally by mistake.

8. *Psoriasis*.—Eighth in our list stands psoriasis, which I regard, from public and private statistics, to be a far less common disease than is usually supposed. There were but twenty cases, or 3.2 per cent., against five per cent. of last year's cases. As to sex of the patients, the females were three times the number of the males, fifteen to five. In age the patients ranged from seven years to sixty, as presented in the following:

TABLE V.

AGE OF PATIENT.	Males,	Females,	Total.
Under 10 years of age	2	2	
10 to 20 years of age	1	4	5
20 to 30 years of age	6		6
30 to 40 years of age	3		3
40 to 50 years of age	1	1	2
Over 50 years of age	2		2
Total.....	5	15	20

The longest duration of the disease was fifty years, in a woman aged sixty, besides which there were cases of twenty-two, twenty, eleven, seven, five, and three years' duration respectively. The most recent case was in the youngest patient, a little girl of seven years, in whom the eruption appeared four weeks previous to her first visit at the Dispensary. The disease began three weeks after vaccination, first around the site of the insertion of the virus, and developed a typical psoriasis on the chest and back as well. The eruption yielded quite promptly to treatment, and in four weeks it was noted that it had almost entirely disappeared. Eight months from the first appearance of the psoriasis, she noticed what she thought a return of the eruption, but which proved to be a scaly eczema, affecting mainly the flexor surfaces, and which yielded at once to treatment, so that in one

week there was no trace of it, and treatment was stopped. This was in October, and the patient has not called since, nearly six months; but as the family are very intelligent and pleased with the results of treatment, we may believe that the disease has not returned.

Another patient, a girl of twenty-four years, was seen four months after the first occurrence of psoriasis. The disease was yielding very rapidly to the liquor picis alkalinus internally, fifteen minims largely diluted, on an empty stomach, when she ceased to attend.

There were two cases of psoriasis affecting the palms of the hands, which is acceded to be a very rare disease when not accompanied with psoriasis of the rest of the body. These cases, however, presented all the features of the disease in question, namely, round, scaly spots scattered over the palms, always dry, not cracked, giving none of the appearances of eczema. They were certainly not due to syphilis, nor were they a portion of a present or past eruption of general psoriasis, but the propriety of the diagnosis was beyond doubt.

One patient, a female aged fifty, who had had the disease for twenty years, presented the unusual feature of scarring or cicatrization after the disappearance of the patches of psoriasis. As a rule, the disease leaves no traces, but in rare instances depressed cicatrices are left. Here the extensor surfaces of the fore-arms were largely covered with white depressed scars, contrasting strongly with the brown skin of the rest of the arms. On the body the eruption left no permanent marks after its disappearance.

During the past year I have been using phosphorus in many cases of psoriasis, giving it in doses of one hundred and sixtieth to one-eightieth of a grain, in cod liver oil. Very good effects have been observed in a number of cases, a part of which must of course be attributed to the oil.

Another year I hope to report the drug used by itself, which may be conveniently and safely done in the solution recommended by Dr. Ashburton Thompson. I have once

observed a most severe bilious attack, with jaundice, come on during the taking of the phosphorated oil, which passed away soon on ceasing the use of the same, and the administration of a cathartic and some mineral acid. But it was a warning by which I have profited, and now I generally omit the remedy every week or so, administering acetate of potassa in the interval, and with excellent results. Of course the permanent effect of this treatment can not be determined until a longer period of time has elapsed.

9. *Erysipelas*.—But little new can be said in reference to the nineteen cases of erysipelas which came under treatment. In eleven instances the face was affected, and in eight other parts of the body. Ten of the patients were males, and nine females. The youngest patient was aged six months, and had an erysipelas migrans following vaccination; and the oldest sixty-eight, a man with facial erysipelas.

10. *Furuncles*.—Seventeen patients were recorded with furuncles—six males and eleven females—presenting all the shades of phlyzacious inflammation, most of them in cachectic and scrofulous children. Some of the cases might be called ecthyma, but I have preferred to exclude that term, with impetigo, placing the superficial impetiginous eruptions, not involving the derma and leaving no scar, among eczema impetiginodes, while the deeper inflammations resulting in confined suppuration, with or without a central core, are classed as furuncles.

The hyposulphite of soda, given internally, thirty grains three or four times daily, largely diluted and on an empty stomach, has been my main reliance in checking the new formation of boils, as mentioned in my analysis of last year. Sometimes this fails, when large and repeated doses of quinia will pretty certainly do the work. The hyposulphite has failed entirely in those pseudo furuncles accompanying psoriasis and not infrequently found in the axilla.

11. *Herpes*.—By herpes I understand, with modern dermatologists, an acute eruption of vesicles, which may be reproduced in successive crops, the vesicles flattened and clustered

together, the skin between being sound, and acknowledging generally a neurotic origin. I mean by this to exclude the herpes circinatus of older writers, which we now recognize as a parasitic affection, and which has already been spoken of as tinea circinata; excluding also the herpes iris, which is more properly an erythema, in which the congestion goes on to effusion and consequent vesiculation; likewise excluding all old terms, as herpes esthiomenos or lupus, etc. The forms of herpes met with during the past year embrace most of the varieties recognized, and the number of cases was as follows: Herpes zoster, zona or shingles, ten cases; herpes labialis, three cases; herpes præputialis, two cases; herpes nasalis, one; anomalous, one; total, seventeen. The disease is rather one of early life, as is seen by reference to

TABLE VI.

AGE OF PATIENT.	Males.	Females.	Total.
Under 10 years of age.....	2	2	4
10 to 20 years of age	5	2	7
20 to 30 years of age	2	1	3
30 to 40 years of age	1	.....	1
Over 50 years of age	2	.....	2
Total.....	12	5	17

Of the ten cases of herpes zoster, six were in males and four in females; six affected the left side and three the right, one not stated. The youngest patient with shingles was a girl of three years, the oldest a man of seventy-three; there were also a boy of four and a girl of four and a half years with the disease. Last year I reported the youngest patient to be two and a half years. It has been known in children from ten to fourteen months old (Neumann).

The case of herpes mentioned as anomalous, was in a young man, twenty-nine years of age, who, within a year,

has had three attacks of a vesicular eruption, occupying the buttocks and backs of the thighs, with no eczematous tendency. In the second attack, which I saw at the commencement, there were erythematous circles with vesicles developed upon them, very distinct on the parts mentioned, some of them being almost bullæ. The two attacks came on soon after discontinuing treatment at my direction. The deep itching and burning were at times excessive. The disease yielded each time quite soon to arsenic, strychnia and iron, internally, though new crops of vesicles formed for a while.

I have employed phosphide of zinc in herpes zoster with success in relieving the pain, and in one instance aborting the development of the vesicles. It was given with extract of nux vomica, one-third of a grain of each five or six times a day.

12. *Lichen*.—Some writers consider the papular eruption, familiarly known as lichen, as only a form of eczema, and recognize but two forms of lichen—the lichen scrofulosorum and lichen ruber. This, as stated last year, I can not agree to, and the cases here recorded as lichen presented the papular appearance described by that name in older works.

There were seventeen cases thus entered—six males and eleven females—of which thirteen were of the acute form, one chronic or agrius, one lichen pilaris, and one of the rather rare affection lichen planus. The youngest patient was aged two and a half years, male; the oldest sixty-nine years of age. The internal treatment employed was frequently the acid magnesia and sulphate of iron mixture, known as Startin's, with cooling lotions, as the diluted liquor picis alkalinus with oxide of zinc, in the acute cases. Where the eruption persists, local stimulants are required.

13. *Urticaria*.—Of this peculiar disease there were recorded seventeen cases, seven males and ten females, whose ages are recorded in

TABLE VII.

AGE OF PATIENT.	Males,	Females,	Total.
2 years of age and under.....	3	1	4
10 to 20 years of age .....	.....	1	1
20 to 30 years of age	2	1	3
30 to 40 years of age	1	3	4
40 to 50 years of age	1	2	3
50 to 60 years of age .....	.....	2	2
Total.....	7	10	17

One case was observed which was remarkable from its occurring in a patient with marked exophthalmic goitre, and from the neurotic nature of the latter affection and the many well recognized neurotic elements of the eruption, I was led to infer some relation between the two, and to regard the connection as a link in the chain of evidence, pointing to the origin of urticaria in a disease, functional or other, of the sympathetic system, as I have elsewhere pointed out.*

No new therapeutical measures were adopted in this eruption, except the administering of tincture of belladonna to the last mentioned patient, in frequent and increasing doses, with the effect of benefiting the Graves' disease and removing the urticaria, a plan of treatment which it may be well to employ in obstinate cases of the latter, though unaccompanied by the former neurosis.

14. *Erythema*.—Of the fourteen cases of erythema—six males and eight females—six affected the face, three the hands, one the left leg, and in four the location is not stated. Most of them were very transient eruptions, due to digestive disturbances, and yielding quickly to proper remedies.

The total number, fourteen, gives about the same percentage as that noted last year (2.5), and stands in striking contrast to McCall Anderson's statistics, where erythema makes five per cent. of the whole number of dispensary cases, and

* Chicago Journal of Mental and Nervous Diseases, October, 1875.

ten per cent. in private practice; or the disease is twice as frequent in Scotland as here, among the poorer classes, and four times as frequent in those higher in society.

15. *Pruritus*.—Four of the eleven cases of pruritus were recorded as pruritus senilis, in persons of sixty years or over, where, with cleanly habits, there was the intolerable itching attending the senile changes in the skin, which Neumann has described. This state, of course, can be only palliated, but fortunately often that is all that is required, for, although the changes remain or go on, the itching varies with other causes. A lotion of carbolic acid and caustic potash in water—carbolic acid two drachms, caustic potash one drachm, distilled water eight ounces—has generally afforded relief. These cases are also benefited by cathartics and alkaline diuretics, as the urinary secretion is often scanty in these patients. A man aged thirty-three, with distressing pruritus ani, with no visible lesions, obtained very much benefit from the internal use of nitric acid, with a diluted white precipitate ointment used locally, after other measures had failed.

16. *Verruca*.—Ten patients with warts applied for relief, nine males and one female. One patient had a single wart on the ear, which was removed by ligature, another had one on the forehead, and the rest affected the hands. One servant girl, of seventeen years, with about twenty warts, attended very faithfully and obtained a perfect cure, by the application of nitric acid at the dispensary and acetic acid at home; and after the excrescences were removed, the thickenings at the old locations were rubbed with a strong caustic potash solution, one drachm to the ounce, and diachylon ointment, applied till the skin was smooth and natural.

17. *Scrofuloderma*.—Under this head were classed cutaneous abscesses and inflamed superficial glands in strumous persons, of which there were eight cases, equally divided between males and females.

18. *Rodent Ulcer and Epithelioma*.—Without attempting to establish here the essential differences between these two morbid processes, or even to assert that they are entirely

distinct, I will merely mention the clinical phenomena which have characterized the cases which have come under observation at Demilt Dispensary during the past year.

There have been six cases, which I regard as rodent ulcer, affecting two males, aged respectively fifty-one and seventy-two, and four females, of fifty-three, fifty-three, sixty and eighty years of age respectively; and one case of epithelioma.

First of the case of epithelioma: the man, forty-one years old, a liquor dealer, had a typical epithelial ulceration of the lower lip, which was referred to the surgical department for excision. The appearances were those familiar to all, and need not detain us here. I may remark that these cases are usually sent at once to the surgeons, and so are seldom entered in my book.

In regard to the six cases of rodent ulcer, the two women, fifty-three years of age—both married, one a widow—had the disease for many years, one on the forehead, the other on the left temple. The ulceration had never been extensive, and when first seen each presented only a dry, hard, slightly scabbed patch, with edges a little elevated and the surface slightly moist when the crust was removed. In one patient the disease had traveled quite a distance, leaving behind it a depressed pale cicatrix. The one on the temple was successfully destroyed by Marsden's arsenical mucilage, used as described in my report of last year; the same was applied to that on the forehead of the other woman, but was tampered with and no results were obtained.

The female aged sixty had a patch about the size of a small penny in the center of the forehead, which had existed many years, increasing very slowly from a small wart-like affair, which she would pick from time to time, when a slightly moist surface would appear and the scab soon reform. It has never ulcerated, because she has taken care not to irritate it; and when first seen it resembled somewhat a patch of chronic eczema, but careful inspection showed a cartilaginous hardness of the base, and an unevenness of the crusted surface, which, with the history, made the diagnosis

complete. She was unwilling to have any severe measures taken, and no treatment was employed, but she was counseled to avoid trying any remedies short of destruction.

The old woman of eighty had three masses, one under the right eye, one on left cheek, and one on the forehead, which were scabbed; they had been there a number of years, and showed but little change from time to time. No treatment was adopted, because of her age and infirmity.

The man fifty-one years old was a gardener, and for twelve years had had a slowly ulcerating mass at the internal angle of the right eye, involving the canthus and reaching on to the nose. It was moist and slightly ulcerating, and he had kept it covered with simple cerate for several years, it now being a little larger than a small cent, with a rather longer diameter horizontally; the margins were hard and abrupt. The case was sent to the clinic from Dr. Smith, of Jersey City, only for consultation, and excision and cauterization were advised. I have recently learned that the disease was excised, but that the patient has failed in strength since. These cases about the eye should be operated on very early; when seen it was thought that the disease had progressed internally, and rather an unfavorable prognosis was given.

In the man of seventy-two, a laborer, three patches of dry, hard disease, of a character similar to that seen in the women, existed on the right and left temple, and also on the neck.

None of these cases suffered any pain from the disease; there were no enlarged glands. The woman of sixty complained of considerable itching. I may here state that in calling these growths rodent ulcers and not epitheliomata, I have followed the distinctions of the English surgeons Brodie, Paget, Moore and Hutchinson; the Germans have not yet distinguished the two apart.

19. *Ulcera.*—In the treatment of ulcers of the leg (syphilis excluded) I have employed the recently recommended lotions of hydrate of chloral, ten grains to the ounce, with success. I direct that they shall be kept wet with it during the day, and at night order either tar and zinc ointments, equal parts,

or one made of the balsam of Peru, half a drachm or one drachm to the ounce.

The effect of the chloral has been plain, improvement taking place and ulcers healing after its adoption, which were stationary under other treatment. There were but five cases—four women and one man—recorded as ulcers, although many cases of eczema of the legs possessed this feature, and there were many other syphilitic ulcerations.

20. *Clavus*.—Four patients presented themselves with corns or callosities of the feet, two of which cases possess interest. One, a boy ten years old, had five upon the sole of the right foot, mostly on the ball, which gave him much pain and seriously impeded locomotion. He attended very faithfully, and the troublesome formations disappeared under the continued application of the unguentum diachyli of the Germans, covered with brown paper. A woman of forty-five years found very great relief to large callosites on the feet from wearing oiled silk, cut to fit the sole and lapping over about an inch on the side, worn night and day within the stocking. She was a washer and ironer, and the painful hardenings were due to her occupation.

21. *Chloasma*.—The pigmentary disease here referred to is quite distinct from the fawn-colored eruption found upon the breast, formerly called chloasma or liver spots, but which has been already described with the title *tinea versicolor*. This latter is due to the presence of the vegetable parasite *microsporon furfur*, whereas in the affection in question there is no parasite, but the disease is simply an abnormal collection of pigment matter in the rete malpighii, which is the seat of the normal coloration in the negro, and of the physiological discolorations of the areolæ and elsewhere in pregnancy. The appearances in the three cases here alluded to was that of brownish discoloration mostly of the forehead, in irregular sized and shaped patches, covering sometimes the entire surface and extending to within one-third to half an inch of the hairy scalp. They may also affect other parts of the face as well. The surface is perfectly smooth, there

being no desquamation except under the action of irritants. These cases were all in females, and from its very common occurrence in this sex, and especially in those with uterine or ovarian disease, it has been designated by some *chloasma uterinum*; the same affection, however, is occasionally met with in men.

In the remaining nineteen varieties of cutaneous disease the numbers of the cases were few, and many of the diseases unimportant. I will, therefore, briefly note only such items as may be of interest.

Two cases of *purpura* only were entered; one of the rheumatic variety, called by some *peliosis rheumatica*, but more rightly *purpura rheumatica*, in a woman thirty years of age; and the other, of the hemorrhagic form, in a female child of twenty months. The latter patient was brought to the Dispensary in a semi-comatose condition, and lived but two days. The child had nursed nineteen months, had been prostrated by hooping cough all winter, and presented a most pitiable appearance, with otorrhœa and gangrenous ulcers of the mouth and about the ear. It had hemorrhages from the nose, and the movements from the bowels were dark as from blood.

A single case of *bromidrosis*, and one of *hyperidrosis* of the feet, were prescribed for; the former received a wash of salicylic acid, but the result is not known; the latter, the *unguentum diachyli* of the Germans, to be worn next to the soles during the day, a treatment recommended by Hebra first, I believe, and which I have long used and found generally successful.

The patient entered as *elephantiasis Græcorum* presented a most marked and striking example of this rare disease, which terminated fatally, and will be detailed in full, with another case of the same disease, on a subsequent occasion.

An instance of *cicatricial keloid* was recorded, resulting from old syphilitic ulcerations, and presented no unusual features. There were several on the same individual. No treatment was adopted.

But a single patient was seen with *nævus*. This was a female infant of three months, who had six bright red, vascular nævi; one on the back, one on the side of the trunk, one in the left groin, which was ulcerated; one on the left leg, behind, just above the ankle, and one on the forefinger of the left hand. All were on the left side of the body, and the left submaxillary gland was enlarged, suggesting some unilateral nerve disorder of central origin. No radical treatment was employed, and the child was seen but twice.

A rather unusual form of *pemphigus* was observed in a school-girl, seven years old, who exhibited the remains of a bulla, about half an inch in diameter, on the inner side of the right knee almost as far back as the popliteal space; and another perfectly developed, of the same size, above and in front of the former. This latter was intact, moderately filled with clear serum, and elevated to about one-fourth of an inch. The base was scarcely at all inflamed, nor was that of the former one, which had dried, having appeared three or four days previously. The second one was first noticed on the morning of the visit. This case corresponds to the *pemphigus solitarius* of writers.

In my attempt to present, as concisely as possible, a mirror of the practice in my department in Demilt Dispensary during the past year, it will be seen that I have studiously avoided any discussion of vexed questions, have hardly alluded to differential diagnosis, and have not mentioned the microscopic anatomy of any of the diseases noticed. These are all important in their way; but I have desired, in the present paper, simply to add the results of American experience in the observation and treatment of diseases of the skin, and to excite, if possible, more interest in their study; for it is only with accuracy of diagnosis and well founded knowledge, based on careful clinical study, that they can be successfully managed. The material at the command of almost every one is much larger than is used or often imagined; and I feel that I have not said one tithe of what could, with

profit and pleasure, be given from the experience of this single year in one institution. I have reported many of the cases elsewhere, and have yet an abundance of notes which are highly instructive to me, and that may at some time be of service to the profession.

In conclusion, let me urge the value and necessity of written records of disease as the surest basis of medical research. Were this more universally done, there would be less theorizing in medicine, and practice will become a science as well as an art in proportion as it is grounded upon recorded facts. I can especially assert this in regard to diseases of the skin, whose study is fascinating and whose treatment is proportionately gratifying. I would again appeal for interest in the establishment of a hospital for this branch of practice, where proper treatment can be administered, and where study can be prosecuted in a manner satisfactory and profitable to the profession.

NEW YORK.

UTERINE INVERSION OF TWELVE YEARS— SPONTANEOUS REDUCTION.

BY THOMAS CHESNUT, M. D.

On the 29th of November, 1863, Mrs. G., thirty-three years of age, phlegmatic temperament, and with a decided tendency to obesity, was, when between three and four months pregnant, attacked with uterine pains and hemorrhage, and in a few hours abortion ensued. Immediately after the expulsion of the ovum, pain became more intense and constant, and the hemorrhage profuse, and she was soon reduced to a state of extreme exhaustion. Her symptoms were so alarming that two regular physicians were called in place of the female homœopath who had been attending her; they found her cold, pulseless, and gasping apparently in a final agony, and

pronouncing her case hopeless declined further attendance—one of them, however, suggesting before his departure administering all the brandy she could swallow. Brandy was given her every ten minutes, in teaspoonful doses, for an hour without improvement, and then in larger doses, alternated with beef tea. In the course of an hour or two a feeble pulsation in the radial artery could be felt, and there followed a gradual return of warmth to her extremities.

The patient remained in a critical condition for nearly four weeks, lying on her back with her hips elevated, any change from this position causing a return of flooding; and months elapsed before she could be removed from her bed without fainting and hemorrhage. Gradually she began to recover her appetite and strength, but each monthly period brought on metrorrhagia, and in the intervals there was a profuse leucorrhœa.

So far in the history of the case, I am indebted to the lady herself for the facts. In May, 1866, my first professional visit was made her; and in nearly forty years' practice I never met with a case in which the symptoms of anaemia were more marked.

My first impression, after hearing the recital of her history and symptoms, was that the cause of her suffering was a uterine polypus. Upon digital examination, I found a tumor occupying the vaginal cavity; but a sound failed to pass higher than the attachments of the tumor, and this failure led me to suspect uterine inversion. Accordingly I passed a sound into the bladder, and then introducing the finger into the rectum, the point of the instrument and the tip of the finger could be so closely approximated at the normal place of the uterus, as to prove that this organ did not intervene.

The next morning, at my request, Dr. O'Ferrall visited the patient with me, and together we made a most careful and thorough examination, and its conclusion was that my suspicion of inversion of the uterus was true.

We advised her husband to take her to Professor Byford, of Chicago, as soon as her strength would permit the jour-

ney, hoping that this able and eminent gynecologist would succeed in reducing the inversion. So slowly did her health and strength improve that it was not until June, 1867, she could be taken to Chicago. Dr. Byford's letter,* subjoined, explains the condition in which he found her, and the failure of his efforts to overcome the displacement.

She returned home much disappointed, but resigned; and soon after there was a decided improvement in her general condition, though her menstruation continued profuse, lasting eight or ten days.

I did not visit Mrs. G. again professionally until about the first of last November, when I found her suffering excruciating pain. She described this pain as "paroxysmal, commencing in the groins and extending to the womb, great distress in the back, loins and hips, and numbness of the thighs." It seemed to her that the uterus had got crosswise in the vagina. Upon digital examination, I found the uterus still inverted, but smaller than it was at my previous examination. Believing her suffering to be neuralgic, I prescribed accordingly.

On the 29th of November I was again called, and found my patient suffering as she had previously, only much more intensely. Her face was pale, covered with large drops of perspiration, and expressive of great anxiety; respiration hurried, pulse frequent, feeble and irregular; her pain was intermittent, the intervals being short, and upon its occurrence she would grasp anything in reach and pull as strongly as if in the last throes of childbirth. I remained with her

* MY DEAR DOCTOR: I remember your patient very well; she had complete inversion of the uterus. I placed her under the influence of chloroform, and made energetic efforts to restore the organ. I used a large rectum bougie, as recommended and used by Professor White, of Buffalo. The manipulation was such as he teaches, and persevered in for about two hours, without success. I did not desist from these efforts until I felt assured that any greater force would result in violence to the connection between the vagina and uterus. As it was, the fundus was penetrated by the end of the bougie, and that instrument could have been easily passed into the peritoneal cavity.

until her suffering materially lessened, and then did not see her until I met her a week or two after on the street, and was most agreeably surprised to find her looking better and more active than she had been for years.

Her history, after my leaving her on the 29th, when she seemed relieved, was that very soon her paroxysms of suffering returned; severer pains still recurred in rapid succession, the final one being so violent as to cause fainting. Upon recovering her consciousness, she had no acute suffering but a heavy, aching sensation in the pelvic region, and slept comfortably all night, which was quite unusual for her. Upon rising she was quite free from pain; none of the tormenting back-ache and the intra-vaginal pressure which had been so constant for years. So, too, the freedom of her movements was observed by a member of her family. And as I had assured her that spontaneous reduction of uterine inversion had occurred in some cases, she attributed her relief to this having taken place in her case. I made an examination and found the vagina unoccupied, the uterus in its normal place, but the os sufficiently open to let the finger pass into the uterine cavity without pain or resistance.

Dr. O'Ferrall examined the lady again, and gave the following statement:

"LAFAYETTE, March 10, 1876.

"MY DEAR DOCTOR: The consultation held between us, in the case of Mrs. G., was one of too much interest to be forgotten. We, after a very careful examination of her case, unhesitatingly decided her suffering to be the result of inversion of the uterus. Upon now making an examination, I am prepared to assert most positively that a complete reposition of the organ has been effected.

R. M. O'FERRALL, M. D."

Two obvious remarks are suggested by the history here given. The first of these is the occurrence of inversion of the uterus within the fourth month of pregnancy. Skae, indeed, has reported—Edinburgh Medical Journal, May, 1849—a case where this accident occurred, after an abortion, at four

months; but so far I have been unable to find a single example where the inversion happened at an earlier period.

The case likewise is unique in the spontaneous reduction of a displacement that had continued so long. Upon referring to the dates, it will be observed that just twelve years after the accident occurred, nature, that "has caprices which art can not imitate," reduced the inversion.

In view of this remarkable case, additional force is given the language of the late Dr. Hodge—a System of Obstetrics, p. 502—who, after recounting several cases in which spontaneous reduction had occurred, observes: "These facts seem to prove that the spontaneous restoration of the uterus, after inversion, is possible, and may therefore be presented as a source of comfort and hope to those unfortunate women in whom reduction by artificial measures has entirely failed."

LAFAYETTE, IND.

REMARKABLE CASE OF PERITONITIS.

BY E. J. ABBOTT, M. D.

Resident Physician of Charity Hospital, Cleveland, O.

G. M., a native of Italy, unmarried, aged twenty-seven, was admitted to Charity Hospital, Cleveland, January 19, 1876. On account of his imperfect knowledge of English, it was impossible to obtain a clear history of his disease; and we could only learn that for about two months he had been complaining of pain in the abdomen, though he had not been confined to his bed all of the time. During part of the time he had been troubled with diarrhoea, the passages sometimes being bloody.

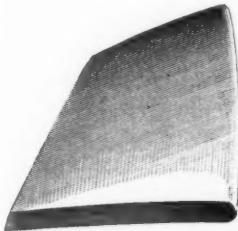
On examination, the abdomen was found somewhat distended, tender and tympanitic. He had five or six evacuations from the bowels daily, but voided only a small quantity of high colored urine. The diagnosis was subacute periton-

itis, and the treatment consisted of anodynes and diuretics. The area of resonance of the abdomen gradually gave place to dullness, indicating that an effusion of serum was filling the cavity. This effusion increased until the abdomen was immensely distended; and the pressure interfered with the action of the heart and lungs to such a degree that on February 13th tapping was resorted to, and thirteen quarts of reddish-colored serum were withdrawn, giving great relief to the patient.

This relief was only temporary, however, as the abdomen filled again in a short time. The patient's strength rapidly failed, and he became very much emaciated; he was troubled greatly with hiccup and pyrosis, and his stomach became so irritable that nothing could be retained in it. Constipation was so excessive that for the last ten days cathartics and enemata had no effect. The patient was sleepless and complained of great pain, though the abdomen was not as tender to the touch as it had been earlier in the disease. Death occurred on the afternoon of March first, and a post mortem examination was made on the third.

After opening the abdomen, about three gallons of straw-colored fluid were removed, when the liver, spleen, stomach, and indeed the whole peritoneal surface, were found covered with a layer of lymph one-fourth of an inch in thickness.

Though the deposit was so thick and extensive, yet there were scarcely any adhesions, and the few that there were could be readily broken down with the finger. The great omentum was very thick and solid, varying from half an inch to an inch in thickness. On raising the omentum, there was found, just below the splenic flexure of the colon, an irregularly-shaped piece of porcelain, evidently broken from a plate or dish. It was one-fourth of an inch thick, and of the size and shape shown in the accompanying engraving.



The intestines were covered so thickly and uniformly with lymph, and the process of repair had been so complete, that it was impossible to find where the foreign body had passed through. It seems strange that he could have swallowed anything of such size, shape, and hardness; and still more strange that it should have remained in the abdomen so long before the death of the patient. The conservative action of the inflammation in this case was extraordinary, when we consider that the opening in the intestines, which must have been at least an inch and a fourth in diameter to allow the passage of the piece of porcelain, had so entirely healed as to leave no indication of its location.

CLEVELAND, O.

A CASE OF ELEPHANTIASIS ARABUM—CURE SUCCEEDING A FRACTURE.

BY J. R. WEIST, M. D.

The following brief report of a case that has been under my care for more than two years, is presented for two reasons, first, the disease is a rare one in our country; and second, because of the cure that followed an accident.

Mrs. H., age 57 years, weight 135, nervo-sanguine temperament, American, married; has had four children; always had good health; menstruation ceased at 50; no uterine or other disease; consulted me February 5, 1874, because of an injury to the left knee received a week before by falling on the ice. She stated the knee was not bruised but "sprained;" pain and swelling followed the accident. I found the knee much swelled, quite hot, and very sensitive to the touch, the patient restless and with a good deal of fever. Diagnosing acute synovitis, I treated it by cold water to the knee, the

limb being placed on a splint, and suitable constitutional means.

The case did not do well; marked constitutional disturbance supervened, effusion into the joint followed, suppuration was threatened. After the acute stage was passed, the knee was systematically treated by the application of small blisters and the exhibition of iodide of potassium, and various tonic medicines. After four months of great suffering the patient was out of bed on crutches, with ankylosis of the affected joint, and soon gained flesh and strength, and her general health has remained good ever since.

About two months after the accident the entire limb began to swell, and to be quite tender to the touch. There was slight redness of the skin, and the swelling seemed to be of an oedematous character; gradually the cellular tissue of the foot and leg became indurated, at the same time the swelling about the knee and that of the thigh subsided. As the induration of the foot and leg increased, the parts increased in size until great deformity was produced; the foot became a great misshapen mass, the dorsum of the foot being so large that the toes were nearly concealed, while the position of the ankle-joint could hardly be discovered; the toes diverged widely, while they and the foot were nearly immovable. When this stage was reached, the swelling was firm and resistant, and did not pit on pressure. The skin over the entire diseased part of the limb was of redder hue than that on other parts of the body. The sole of the foot was but little enlarged, though induration was present. The anterior part of the leg and the dorsum of the foot presented rather thick cuticular exfoliations, resembling ichthyosis in the latter locality; these were separated by shallow grooves, causing the top of the foot to present rather a tubercular appearance.

After a year from the first appearance of the disease, there was no increase of the swelling. The portion of the limb involved was always quite intolerant of pressure, and the patient was subject to attacks of severe pain in it. Usually,

however, when the limb was at rest, in an elevated position, there was no suffering.

During the progress of the case, various plans of treatment were adopted; first, bandaging was tried, then the internal administration of iodide of mercury, and its application to the limb in the form of an ointment; afterward arsenic, in full doses, was given for several months, but no treatment employed seemed to be of any service. Deligation of the femoral artery was proposed, then amputation above the knee; but the patient would not consent to any operation, and for several months was without treatment.

On December 22, 1875, the patient, by a fall, fractured both bones of the diseased leg, about five inches below the knee, and being called to see her a careful measurement was made of the circumferences at corresponding parts of each leg, with the following result:

	RIGHT LEG.	LEFT LEG.
Knee	$14\frac{1}{2}$ inches.	$15\frac{1}{2}$ inches.
Calf	13 "	16 "
Ankle, just above malleoli . .	$8\frac{1}{2}$ "	$15\frac{1}{4}$ "
Dorsum of foot	9 "	$15\frac{3}{4}$ "
Line of metatarso- phalangeal articulation, }	$9\frac{1}{4}$ "	$12\frac{1}{2}$ "

The application of retentive dressings seeming to be out of the question, and after a reduction of the fracture, the limb was laid on a pillow and simple water applied. I informed the patient that the fracture could hardly be repaired, and that amputation would most probably soon become an absolute necessity. Despite my prognosis, however, the case went on well, the bones united in the usual time, and there was no more deformity than before the accident.

About the middle of February, I was informed that the diseased leg was much smaller, but gave no attention to the report. Last week (March 3d), I was called to see the patient, who was having a slight pneumonia. Inquiring about the limb, I was told it was much smaller. On inspection, it

was found that a great change had occurred—the limb was smaller, less hard, and less tender. On March 8th I measured the two limbs with this result:

	RIGHT LEG.	LEFT LEG.
Knee	14 $\frac{3}{4}$ inches.	15 "
Calf	13 $\frac{1}{2}$ "	12 "
Ankle, above malleoli	8 $\frac{1}{2}$ "	8 $\frac{1}{2}$ "
Dorsum of foot	9 "	10 "
Line of metatarsophalangeal articulation, } . . .	9 $\frac{1}{4}$ "	9 $\frac{3}{4}$ "

On comparing these measurements with those taken for December 22, a remarkable change—to be effected in two and a half months—will be discovered.

The skin of the foot and leg is still tender, but much less so than formerly; the redness and hardness are much less; the skin is tolerably smooth, save on the dorsum of the foot, where it remains rough, and at this point are also found the greatest tenderness and hardness. There is no longer much pain in the limb. The toes have regained their normal position; indeed, the entire leg now has almost a natural appearance.

I think it is certain the disease was that described as elephantiasis Arabum. Is the cure that is evidently being effected a result of the injury, or simply an accidental sequence? I leave the question to the reader.

Elephantiasis Arabum, once known as *morbus Herculeus*, sometimes called Barbadoes leg, has generally been observed in the lower extremities or in the genital organs, though it may occur in the superior extremities, the mammary glands, the neck, chest, the margin of the anus, lobe of the ear, the abdominal walls, and even, according to Bazin, it may attack the tongue.

In ancient times, it was thought to be restricted to northern Egypt, as the following passage from the famous poem of Lucretius has been quoted to prove:

"Est elephas morbus, qui propter flumina Nili,
Gignitur, Ægypto in medio, neque præterea usquam."

The disease is frequently met with in certain parts of India, or the lower provinces of Bengal, and especially along the Malabar coast. So common is it in British Cochin that Mr. Day, in an article in the Madras Medical Journal, 1860, says: "In twenty-four Indo-European families, 1 in $18\frac{3}{4}$ was affected, and in seventy-one native Christians 1 in $17\frac{1}{8}$." According to Mr. Waring, the Jews, white and black, in the same locality, exhibit a higher proportion, being nearly in the ratio of 1 to $14\frac{1}{2}$. Besides these classes, elephantiasis attacks indiscriminately other of the native races of India, as the Mussulman and Hindoo. But, as observed by Kaposi,* it is a pandemic malady, and cases are observed therefore in all countries and zones.

In a hundred cases reported by Mr. Day, ninety-three were of the lower extremities. The majority of the individuals attacked by the disease are between eighteen and thirty years of age.

Authorities are not agreed as to the nature and cause of the disease. It is held by some to be of malarious origin.

When the lower extremities are affected, no medical treatment seems to be of much service. The disease has been cured by deligation of the femoral artery, this plan of treatment being first proposed by Dr. Carnochan,† of New York, who reports successful results. Butcher, of Dublin, Erichsen and Bryant in London, Buchanan in Glasgow, Weinlichner in Vienna, and Richard in Paris, and some others, also claim to have cured patients by this method. In most cases, however, amputation has been found necessary where the enlargement was very great, and the patient's general condition being in consequence thereof affected.

Does the history of the case I have narrated suggest the possibility of some other successful plan of treatment?

* Hebra on Diseases of the Skin.

† New York Journal of Medicine, 1854.

ON DERMATOLOGY.*

BY LUNSFORD P. YANDELL, JR., M. D.

Professor of Therapeutics and Clinical Medicine, and Lecturer on Dermatology and Venereal Diseases, University of Louisville.

To many practitioners dermatology, if not entirely a *terra incognita*, is at least a dark and mysterious region of disease. Like most of the specialties, it is hedged about by a most formidable array of strange and enormous names. Besides this, the searcher after its hidden truths is met on its very threshold by such a babel of classifications, as is well calculated to discourage all but him of most abundant time and indomitable perseverance.

Such a state of things is, to my mind, unjustified by the facts. I am convinced that a practical and useful knowledge of skin diseases is within the easy compass of every physician. The difficulties of the subject are chargeable, not to dermatology, but to the dermatographer.

The adoption of some classification is necessary, or at least convenient, for the purposes of teaching and book-making. A thorough acquaintance with the anatomy, physiology and chemistry of the subject, is of unquestionable value; but, to be perfectly frank, without such knowledge, and even without being able to differentiate between a papule, vesicle, pustule, squama, or macula, you may, in the majority of curable dermatoses, readily recognize the proper treatment and usually accomplish a cure.

Cutaneous eruptions, like pain, itching, cough, the fluxes, the dropsies, and most of the functional and organic insanities of the system, are but *local evidences* of constitutional departures from health. They are simply the voice or the signs of morbid conditions; and the science and art of der-

* A report read before the Kentucky State Medical Society at its annual meeting, April 4, 1876.

matology consist in the correct interpretation of this language, and in the power to remove the cause of complaint. Clinical observation has so far proved our most trustworthy source of knowledge in the therapeutics of skin diseases; and, addressing as I do, busy practitioners, I shall confine myself in this paper to the results of personal clinical observation without any attempt at instruction in classification or nomenclature. And in so brief an essay I can not, of course, attempt an exhaustive discussion of the subject, but shall limit myself to a few practical suggestions.

Excluding from dermatology the specific diseases, such as syphilis, variola, scarlatina, rubeola, etc., maladies in which cutaneous eruption, though usual, is not an unvarying symptom, and in which the cutaneous manifestation is not the chief feature of the disease, and therefore not properly belonging to this specialty, we have yet remaining a numerous host of so-called skin diseases.

The first and most vital truth to be learned in dermatology is that these maladies must be *treated with reference to their cause*, instead of allowing the name and physical features of the eruption to determine their management. It is also important to recognize the facts that most dermatoses are not self-limited, and that they usually depend on a combination of causes.

What are the causes of these affections? Concerning the animal parasites, most dermatologists are agreed as to their nature, effects, and proper method of destruction. Concerning the vegetable parasites, on the other hand, there is much contrariety of belief; some totally denying the existence of cutaneous disease due to such cause; others contending for but one vegetable parasite, and holding that this, modified by circumstances, produces the so-called varieties; and others again believing in a considerable number of vegetable parasites, each producing different symptoms on the skin.

These two classes alone of all the dermatoses, have any claim to be considered local diseases; and I am convinced that, as a rule, neither form of parasite is apt to find a lodg-

ment in perfectly healthy persons with well kept skins. Some constitutional defect may usually be found.

The chronic skin affections have their origin chiefly in the strumous diathesis. The acute skin affections have their chief source in malaria.

Alcohol, improper and insufficient food, lack of cleanliness, excessive heat and cold, and other irritants, together with certain organic functional disturbances, may constitute either predisposing or exciting causes. Menstruation, gestation, lactation, dentition, digestion, traumatism, and mental emotions, are frequent exciting causes.

How may we recognize the strumous dermatoses? Just as we would any other scrofulous symptoms. By the complexion, the hair, and other features, and by the history of the case.

The malarial dermatoses are to be determined by the pale, large, flabby tongue, on which often the teeth-prints are visible, and by periodicity of some sign or symptom, discernible in some of the senses, or secretions, or functions of the system.

Constitutional treatment is most important in a majority of cases. Local treatment is essential in some, and useful in most cases.

Animal parasites seldom withstand destruction by mercurial ointments, sulphur, or the coccus indicus. Vegetable parasites are almost infallibly eradicated by bi-chloride of mercury solutions, carbolic acid and cantharides. In both these classes of parasitic diseases constitutional building up, by food and tonics, is generally required.

Strumous dermatoses yield to the remedies which are successful in other manifestations of the strumous diathesis. Cod liver oil, syrup of the hypophosphites, and syrup of iodide of iron, are of inestimable value; arsenic sometimes seems to assist.

Malarial dermatoses demand the remedies employed in the malarial fevers, inflammations, neuralgias, etc. First in potency stand quinia and its substitutes. Of coequal necessity

in these cases is iron. Arsenic, by reason of its antiperiodic power, is, in proper cases, serviceable.

First find the cause, is the golden rule in dermatology, as it is in other branches of medicine; and with this accepted and remembered, it becomes superfluous to enumerate appropriate remedies for the diseases not included as parasitic, strumous or malarial.

Moist eruptions are best locally treated by absorbent powders and astringent ointments. Dry eruptions are best locally treated by washes, baths, emollients, and by ointments.

The best diet should be given in all dermatoses, and depleting remedies should never be administered under any circumstances.

A few words in explanation of my meaning of the terms struma and malaria, may not be out of place. Ancient writers enumerate many diatheses. Most of these are now discarded, but almost universally the strumous diathesis is still accepted. Struma may give evidences of its active existence at birth, or may remain many years latent in the system. Bad hygienic surroundings, depraved habits, exposure to the vicissitudes of temperature, bodily injuries and acquired diseases, are among the most usual excitants of its development into activity.

Malaria is a subject on which there is a wide range of opinion, and concerning which but little is definitely and indisputably known. Whether the cause of intermittent fever arises from the emanations of living or decaying plants, or has its origin in microscopic vegetable organisms, or is due to certain changes in the constituent elements of the atmosphere, or is chargeable to the excess or deficiency or change of some normal constituent of the blood, it is not my province to discuss in this paper. But whatever that cause may be, and by whatever name called, I hold that it is the most prolific source of acute disease of the skin. Whether or not there be, as has been suggested, a malarial diathesis, this much is beyond reasonable doubt, there is such a thing as latent malaria, and this, like struma, may be

germinated, incubated, ignited, crystallized, by vicissitudes of temperature, dentition, physical injuries, improper, or excessive, or insufficient food, etc. Finally, in all affections of the skin, whatever be their origin, the symptoms present may require special medication.

What I have said of skin diseases, I believe to be true of diseases of other portions of the body. The idea now frequently enunciated that malarial affections and complications are more frequent than in former years is, I think, untenable. The truth is, we have come to study disease more in the light of clinical observation than formerly. We are learning more of the natural history of disease, and paying less attention to the natural history of the *materia medica*. The habits of diseases are like the habits of animals and plants—they do not change from year to year. We have come to recognize malaria more readily; but malaria has not, according to my experience, been nearly so abundant as in many other years of the immediate past.

LOUISVILLE, KY.

PROFUSE HEMATEMESIS—RECOVERY.

BY L. L. TODD, M. D.

Mr. E., a farmer, forty-eight years of age, weight one hundred and seventy pounds, size more than average, bilious-lymphatic temperament, temperate and regular in his habits, was attacked June 20, 1873, with hematemesis. This patient had not only an inguinal, but also a ventral hernia, the latter an inch and three-quarters above the umbilicus and a little to the left of the median line; and when not recumbent, or if erect when not wearing a truss, a protrusion the size of an orange was soon manifested. This hernia first took place nine years before when lifting a heavy weight, and was followed

by a violent hematemesis, lasting twenty-four hours. Between that time and this there have been two other attacks of hemorrhage from the stomach.

The first treatment was opium and acetate of lead; then alum, morphia and tannin, solution of persulphate of iron, ten to fifteen grains to the ounce, fluid extract of ergot and ice, beef essence, and a blister to the epigastrium. The hemorrhage, entirely arrested in thirty hours, had been so copious that the patient became exceedingly prostrate, feeble, frequent pulse, cool skin, hiccough, dry, red tongue. Then he got mercury and camphor, and alcoholic stimulants. On the twenty-sixth convalescence was well established, and my attendance ceased.

Two or three reflections occur to me in connection with this case.

First. The relation between the ventral hernia and at least the first hemorrhage—was the latter the result of the former, and was it from venous rupture, or was it purely capillary?

Second. Physiologists estimate the relation between the quantity of an individual's blood and his weight to be in the proportion of one to eight. Mr. E.'s entire weight being one hundred and seventy pounds, that of his blood was a little more than twenty pounds. But of this blood he lost, within thirty hours, one hundred and forty-six ounces, or rather more than nine pounds. How great must the loss of blood be to destroy life? Piorry has answered the question thus: One-tenth of the individual's weight may be lost without a fatal result; but a loss of from one-ninth to one-fifth will cause immediate death.

Reviews.

Transactions of the State Medical Society of Arkansas, 1875-6.

These transactions are creditable to the profession of Arkansas, and will be read with interest by the profession everywhere. They embrace twenty-four reports, necessarily short, as the volume consists of less than one hundred pages, but pointed, substantial, and instructive.

Dr. R. G. Jennings has very full health reports of Little Rock for 1874 and 1875; and they are followed by a case of "Extra-Uterine Pregnancy of over thirty years' standing," reported by Dr. W. H. Fannin, of Oak Lodge, Indian Territory. The subject was a colored woman aged sixty, who was married at twenty-five, and a few years after her marriage found a tumor to the left of the mons veneris as large as an egg, which steadily increased in size till it reached the spleen, with as steady loss of health. A physician was consulted, who advised against any attempt to remove the tumor. During all this time she menstruated regularly. In 1866 a fetid discharge from the vagina commenced, and has continued till the present time. Last August, whilst on the "night-glass," she felt some solid body pass from the vagina, and on examination found it to be a bone. Introducing her finger, she extracted, in the course of a week, twenty-five or thirty bones. On introducing his finger, Dr. Fannin found the vagina filled with a solid mass, "in which could be distinctly felt and easily moved many spicula of bone, one of which, an inch long, seemed nearly detached. An examination was made of the abdomen, the wall of which was thin. The uterus could be recognized in its normal position, somewhat larger than usual, sensitive when grasped and moved, but

not painful. From the left of the lower part of the fundus, extending upward and backward to the spleen, can be seen and felt the outlines of a detached skeleton of a fetus, a section of the cranium being the most prominent; it is evidently separated from the rest of the skeleton, and can be moved under the abdominal wall in any direction for a short distance." The patient complains little, except of the offensive vaginal discharge. Dr. Fannin saw her in December last and removed a fragment of cranial bone.

Dr. W. B. Welch, of Boonsboro, has an interesting case of suppurative pericarditis, with operation by aspiration. The patient sank five days after the operation from exhaustion.

Dr. D. A. Linthicum, of Helena, reports a case in which recovery followed from traumatic tetanus, the disease following a wound of the arm ten days after the injury. There was nothing special in the therapeutics.

To this succeed a report on puerperal convulsions by Dr. R. B. Christian, of Fulton, but without any cases; and the history of a case of spontaneous amputation of the leg, by Dr. Dunlap, of Fort Smith—sphacelation coming on as a result of heart disease, an amateur surgeon sawed the bones asunder after the separation of the healthy from the gangrenous part.

Cases of acute suppuration of the middle ear, by Dr. T. E. Murrell, of Little Rock, and abortion with retained placenta, by Dr. John S. Shipley, of Rossville, are reported; and following them is a report on erysipelas, its pathological character and treatment, by Dr. E. G. Bradley, of Cotton Plant.

The subjects of the other reports are cerebral hemorrhage; recto-vaginal fistula; coredialysis; cod liver oil not a therapeutic agent; hemorrhagic malarial fever; turning in utero to facilitate delivery; occlusion of the bowels; our cabinet of natural history; difficulty in the removal of a pessary; difficult labor from excessive development of the fetus; malaria; typho-malarial fevers; amputation of mammary gland, and resection of right half of inferior maxillary bone, by Drs. Dunlap, Welch, Murrell, Hurley, Eberle, Jennings, Breedlove,

Hartt, Cummings, Dale, Skipwith, Bennett, and Linthicum. Every paper has interest, and together they form a body of observations of decided value to the profession. We congratulate the members of this Society on its very auspicious opening, and shall look forward with pleasure to the results of its future meetings.

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Inhalation in the Treatment of Disease—Its Therapeutics and Practice, Etc. By J. SOLIS COHEN, M. D. Second edition, revised, etc.

We would first remark, in regard to this book, that a mistake has been made in *diffusing* its title more than was necessary over the page. Eliminating the words "Its Therapeutics and Practice," from the title-page, would have been an improvement for the second edition. They are superfluous; their purport is included in the first statement of the subject of the work. Again, we have another instance of dilatation of titular dignities in the catalogue of official and unofficial positions which the Doctor now occupies and has occupied. Still more, on the opposite page we have a list of other "Essays by Dr. Cohen," with pages 11, 16 and 19, in each. Are these stilted and fragile supports necessary to sustain his professional position? Let him look at the title-page of a book on Surgery written by Dr. Gross, and compare his with that.

Notwithstanding these faults of introduction (and they are not peculiar to this book by any means,) the profession have found satisfaction in Dr. Cohen's work, because it has formed a ready reference for physicians in general practice, as well as for the specialist. It manifests industry, copious comparison and reference, with a proportion of convincing individual experience.

As to the additions special to this edition, the preface mentions most conspicuously that portion referring to the "pneumatic treatment," by compressed and rarefied air, etc.

This method is just now assuming new aspects, and it is probably well enough to have it placed before the public, even though it be much in advance of reliable assurances of successful results. There are symptoms of a nascent if not swelling tide, upon which electro-therapeutics was for a time borne into every practitioner's office, and where now may be found numerous wrecks of once imposing apparatus. It may be that the present really scientific efforts now being applied to this treatment by compressed and rarefied air, may eliminate the charlatan aspect, but the temptation is great. An honest and capable management in special hands may rescue it and turn it to good account. The time has not yet come to say that we have here a method of ready and assured potency.

The reader will find evidences of changes in various parts of the book—additions and subtractions; and yet we may ask, after all the presentations of the subject, has the practice of Inhalation accomplished its expected results? Has sufficient change occurred in the physiological and therapeutical aspects of the subject, to justify the enticing nominative of "second edition?" What are the proportions of professional ambition and publisher's greed in this as in other issues of second editions?

A Treatise on Diseases of Infancy and Childhood. By J. LEWIS SMITH, M. D., Physician to New York Infants' Hospital, Clinical Lecturer on Diseases of Children in Bellevue Hospital Medical College, etc. Philadelphia: Henry C. Lea.

The third edition of this valuable work, which has been so justly popular both as a book of reference for the practitioner and a text-book for the student, is brought fully up to our present status of knowledge in this class of diseases. So thorough is the revision, and the changes are so radical in its therapeutics, that it is essentially a new work. Important additions have been made by the introduction of subjects of

vital interest to the practitioner, which were entirely omitted in former editions, and by modernizing the entire work in accordance with the rapid progress that has been made in the past few years.

We find this the first text-book describing the disease called by German writers rötheln, comparatively unknown in this country, there having been, so far as known, only a few isolated cases reported previous to the year 1873, at which time there occurred an epidemic in New York City, extending through a period of about six months, affording the author abundant opportunity for clinical observation.

Other additions are the excellent chapter on cerebro-spinal fever, and important changes in the chapter on diphtheria, considering at length the Bacterian theory, and giving the results of recent investigation as to its pathology and treatment.

The work is especially valuable to the practitioner, coming as it does from an author whose knowledge and writings are based so largely upon clinical study; and while his therapeutics includes everything modern, we find only such modes of treatment recommended as are based on sound and established pathology, and have been sufficiently tested by experience.

H. J.

A Case of Primary Sarcoma of the Iris Cured by Excision of the Tumor. By CHARLES J. KIPP, M. D., Newark, New Jersey. New York: William Wood & Co.

This case, in neat pamphlet form, accompanied with plate finely executed, showing the position of the tumor and the spindle-shaped cells and pigmentary granules, is a reprint from Vol. V, No. 1, of the Archives of Ophthalmology and Otology.

The author can justly claim priority for this operation, which is so vast an improvement over the old one of enuclea-

tion of the globe for malignant tumors, avoiding by it the consequent disfigurement and the entire loss of the function of the eye. Unfortunately no dates are given, but the case is reported about eighteen months after recovery from the operation, at which time there was no evidence of returning disease; this giving every assurance at least that tumors, no more malignant in character than sarcoma, may be successfully operated upon by this method.

This is an important addition to the literature upon this subject, as few cases have been reported.

H. J.

On Alcohol. By BENJ. W. RICHARDSON, A. M., M. D., F. R. S. New York: The National Temperance Society and Publication House.

This is a paper-covered book of one hundred and ninety pages, in which the writer treats his subject in a course of six lectures. After glancing at the mechanical uses and origin of alcohol, he devotes himself principally to the theme, "Of what physical value has alcohol been to man; of what value is it to man?" The doctor speaks as a scientist, and conclusively proves that alcohol does not help to build up the active nitrogenous structures of the body, and does not produce fatty matter, except by an injurious interference with the natural processes; that it is not a heat producer, but a reducer. He finally alludes to the baneful influence on the brain, the colloidal changes in the liver, kidneys, and other organs of the body, which alcohol causes. It is a book well adapted for the laity, being simple in style and free from technicalities.

A. M.

Clinic of the Month.

OSTEOCLASIA AND OSTEOTOMY.—Dr. Nepven, *Archives Générales de Médecine*, in concluding a paper on osteoclasia and osteotomy in which reference is made to various operators—among Americans Barton, Warren, Brainard and Parry, are mentioned—concludes as follows in a comparison of the two methods:

First. The one has for its object the subcutaneous rupture of the bone; the other, even with the most improved method, (subcutaneous osteotomy combined with osteoclasia,) renders necessary a wound which, however small, opens a way for surgical poisoning. In sixty-eight osteotomies, subcutaneous or not, cuneiform or simple, which we have cited in this paper, there were ten deaths; while in a hundred and seventeen osteoclasias, there has not been a single death. In this respect, therefore, the advantage is, and will continue to be, greatly in favor of the latter.

Second. Unfortunately osteoclasia is restricted. The osteosclerosis of rachitic bone tissue, the resistance of certain osseous ankyloses, or the state of the inflamed soft parts, the tissues having been fused together, produce a liability to ruptures of the integument and soft parts. On the other hand, osteotomy is attractive to the surgeon, because it addresses itself directly to the lesion, and because its effect is so immediate in removing the deformity: a simple or a cuneiform osteotomy may be made according to the case. Finally, and this does not seem to have been remarked by surgeons, bony tissue of new formation in osseous ankyloses is only slightly vascular, does not present a medullary canal, and there is, consequently, less danger in dividing such tissue when the

dibris of the synovial membrane has disappeared, than a bone with a large medullary cavity.

Third. If osteoclasia does not succeed, or is contra-indicated by certain special conditions—if the deformities can not thus be removed, can one risk following the practice of some of the surgeons referred to? More extensive statistics, and a larger study of cases in their final results, will hereafter authorize a definite judgment upon subcutaneous or cuneiform osteotomy. Although so far the results may be rather encouraging, Billroth and Wall themselves say that this operation should be done but rarely, and only in cases of extreme deformity. Both these surgeons attribute their success to strict use of the subcutaneous method, and to using exclusively Lister's method of dressings.

THE OSTEOCLAST.—In an interesting paper by Professor Spence, of the Edinburgh University, Edinburgh Medical Journal, March, 1876, upon *Refracture in Cases of Deformity* from badly-adjusted fracture, the following description and illustration of the osteoclast are given:

As Mr. Butcher's paper on refracture may not be easily obtained now, I think it advisable to add the accompanying illustration of the osteoclast and the method of applying it.

The apparatus consists of a solid piece of wood fifteen inches long, ten inches wide, and three and a half or four inches in depth. Into the center of this block a strong bar of steel is firmly implanted, and then rises perpendicularly at one side for twelve inches, and is then again curved over towards the center of the block of wood, and terminates in a female screw, two inches deep; through this a male screw plays. The male screw is fully twelve inches long, with an expanded plate of metal of bell shape at its lower end, in which the end of

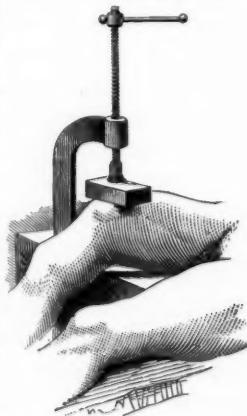


Fig. I.

the screw turns; through an opening at its upper end a strong rounded bar of steel six inches long passes, which is used as a lever to turn home the screw. When the operation is to be performed, the long screw is elevated fully, the limb laid on the block of wood, as represented in Fig. 1, and then a piece of wood, two inches thick, six inches long, and three wide, well cushioned, is laid over the most prominent or deformed part, and held steadily by an assistant. The screw is then brought down on the small block of wood so as to fix it firmly, and by gradually bringing down the screw, whilst the limb is kept steady, sufficient force is employed to refracture the bone; then by forcible steady extension, whilst the screw is still gently worked down, the deformity is remedied. The limb is then placed either in such a fracture-box as recommended by Mr. Butcher, or treated by the ordinary extension apparatus. The accompanying illustration will give a better idea of the apparatus and its application than any verbal description.

TREATMENT OF SUNSTROKE.—Sir Joseph Fayrer, Practitioner, March, 1876, thus clearly and briefly presents the treatment of sunstroke: In cases of simple exhaustion ordinary treatment is all that is needed. Removal to a cooler locality, the cold douche (but not too much prolonged), or the administration of stimulants may be beneficial. Tight or oppressive clothing should be removed, and the patient treated as in syncope from other causes. Rest and freedom from exposure to over-exertion, fatigue, or great heat, should be enjoined.

In that form of sunstroke where the patient is struck down suddenly by a hot sun, the patient should be removed into the shade, and the douche of cold water being allowed to fall in a stream on the head and body, from a pump (or as in India from the mussuck, or other similar contrivance) should be freely resorted to, the object being two-fold: to reduce the temperature of the overheated centers, and to rouse them into action. During the assault on the White House picket

in the last Burmese war, numbers of men were struck down by the direct action of the sun during the month of April. They were laid out perfectly unconscious in their red coats and stocks—they wore them in those days, 1852—but were recovered by the cold douche freely applied by the mussuck over the head and body. In some cases rousing by flagellation with the sweeper's broom was added, and all recovered with the exception of two cases, both of which had been bled on the spot where they fell. Mustard plasters and purgative enemata may be useful.

If recovery is imperfect and followed by any indication of injury to the nerve-centers, or by the supervention of meningitis, other treatment may be necessary according to the indications. Much exposure to the sun should be carefully guarded against, and unless recovery be complete and rapid, the sufferer should be removed to a cooler climate, the most perfect rest and tranquility of mind and body enjoined, and the greatest care be observed in regard to extreme moderation in the use of stimulants.

In the cases of thermic fever, heat being the essential cause of the disease, the object is to reduce the temperature of the body as quickly as possible, and before tissue changes have resulted from the action of heat. As the hyperpyrexia is due not only to the direct operation of heat on the nerve-centers and tissues, but to the fever set up by the disordered vaso-motor arrangements, remedies such as may influence this disturbed condition have been suggested. The results have appeared in some cases to justify the theory; and the hypodermic injection of morphia and of quinine have both been considered to produce good results by their influence on the vaso-motor nerves and their power in retarding tissue change.

Bleeding has now happily been almost abandoned; the congested livid surface, the coma and stertor which formerly suggested it, are not now so treated. Bleeding has, no doubt, great power in reducing temperature, and there are cases in which it may still be practiced with advantage; but they are,

I think, the exception and not the rule. In cases where venesection has appeared first to give relief and mitigate the symptoms, the improvement has been often transient and followed by relapse into a more dangerous condition, which has terminated fatally.

I could lay down no absolute rule in this or other diseases with reference to the abstraction of blood; and it is quite possible that greater immediate danger to life may exist in an over-distended right side of the heart than in the loss of an amount of blood that might have tided the patient over that state of peril; and therefore I would suggest that each case in this respect be treated according to its own peculiar merits. The treatment generally consists in the judicious applications of cold, either by affusions or by the application of ice to the surface, the reduction of temperature being watched with a thermometer in the axilla, mouth, or rectum.

Care should be taken not to prolong the cold application too long, as danger arises from depressing the temperature below the normal standard. The bowels should be relieved, and blisters may be applied to the calvaria and neck, though I may say I have not much faith in their efficacy.

In the epileptiform convulsions that so frequently occur, the inhalation of chloroform or ether may be of benefit, but their administration must be carefully watched. The earliest and most severe symptoms having subsided, the febrile condition that follows is treated on ordinary principles—salines and aperients being given, but not to the extent of depressing the patient. The diet must be carefully regulated, and of the blandest and most nourishing nature.

As improvement progresses, other symptoms may supervene indicative of intra-cranial mischief. Where the indications are those of meningitis, the iodide of potash and counter-irritants may be used with advantage. Removal to a cooler climate is essential: as a general rule, it is desirable that the sufferer should not, for a long period at least, return to a hot or tropical climate, and he should be guarded against all undue exposure to heat, work, or mental anxiety of any

kind. The sequelæ of sunstroke are frequently from such causes most distressing, and render the patient a source of anxiety and suffering to himself and to his friends.

The less severe symptoms—those, probably, indicative of the slighter forms of meningitis, or of abnormal brain or nerve change—occasionally pass away after protracted residence in a cold climate, but they are not unfrequently also the cause not only of much suffering but of shortening of life. It is not possible, in a short notice, to describe all the conditions that may result; they point to permanently disturbed, if not structurally injured, cerebro-spinal centers, and the treatment required is as varied as the symptoms presented.

ACTION OF SALICYLIC ACID IN DIFFERENT DISEASES.—Dr. C. A. Ewald, Assistant Physician to Professor Frerich's wards in Charité Hospital, Berlin, states, Practitioner: In most diseases accompanied by acute or chronic fever, it is certain that salicylic acid has no effect upon the local process. For example, in pneumonia, erysipelas, acute exanthemata, phthisis, pleurisy, etc., where the temperature has been reduced by the action of the drug, we see no change in the local processes. All authors, indeed, are unanimous in asserting its uselessness in ague. In two diseases only, typhoid fever and acute rheumatism, has no definite conclusion been arrived at, though Dr. Riess, whose experience is so far certainly the largest—more than four hundred cases (*Berl. klinische Wochenschrift*, 1875, No. 50)—is of opinion that by the use of salicylic acid the course of typhoid fever is shortened. Dr. Goltdammer (*Berl. klinische Wochenschrift*, 1875, No. 4,) and myself, however, whose material is second only to that of Dr. Reiss, regard this question as not yet settled. Indeed we all agree that the mortality this year has been certainly no less, and perhaps even greater than in former epidemics of typhoid; while, on the other hand, we are also unanimous in the observation, that under the daily treatment by salicylic acid, cases which entered the hospital during the first or

second week of the disease with the temperature from 40-41° C, became free from fever after the second or third day, although the local processes (tumor of the spleen, roseola, diarrhoea, etc.) continued. It is far easier to arrive at a definite conclusion regarding the influence of the acid in acute rheumatism than in typhoid. Indeed, one may say with certainty that in many cases after three or four doses, or even after five or ten grammes, not only is the fever reduced, but the articular pains are also dispersed, so that in a few days acute cases may be looked upon as cured. Whether, however, the tendency to relapses and inflammation of serous membranes is lessened is doubtful, and indeed from my own experiences must be negatived. It will, I trust, be clear from these remarks, that we have not to do with a drug of ephemeral notoriety, such as jaborandi and others, but with one which must take a permanent place in our pharmacopœia.

COMPARATIVE RESULTS OF LITHOTOMY AND LITHOTRITY.—
At a meeting of the Medical Society of London, Lancet, March 25th, Mr. W. Coulson read an interesting paper, in which he gave a statistical review of the comparative results of Lithotomy and Lithotritry obtained during the past five years in those metropolitan general hospitals that publish a yearly report. The tables drawn up by Mr. Coulson showed that the number of cases of stone in the bladder treated by operation at four of the largest hospitals, during five consecutive years, was one hundred and forty-eight, with twenty-four deaths or an average mortality of 1 in 6.16. At St. Peter's Hospital, on the other hand, the average mortality for all cases of operation for stone in the bladder, during the same period, was 1 in 11.16, or six deaths out of a total of sixty-seven cases. This remarkable difference in results was, in Mr. Coulson's opinion, to be accounted for by the selection of the operations. In large hospitals lithotomy is the common operation, but at St. Peter's lithotritry is the more frequent. These facts were proved by a table which showed that, while the total number of operations of lithotritry in four

large London hospitals during five years was twenty-nine, at St. Peter's, during the same period, the number was forty-four. With respect to lithotomy some important differences were pointed out. In the large general hospitals the deaths after lithotomy and lithotrity are nearly equal, while in St. Peter's lithotrity was twice as successful as lithotomy. At five large hospitals there were twenty-eight cases of lithotrity, with five deaths; at St. Peter's, forty-three cases, with three deaths. Not the least interesting fact brought out was the similarity of the results obtained at University College Hospital, Hôpital Necker (of Paris), and St. Peter's Hospital. In the special department at University College Hospital, the mortality of lithotrity was 1 in 16; at the Necker Hospital, 1 in 15.6; and at St. Peter's, 1 in 14.3.

MURIATE OF AMMONIA FOR THE HYDROCELE OF INFANTS.—Saint-Germain, *Journal de Médecine et de Chirurgie Pratiques*, believes that it is not advisable to subject an infant with hydrocele to even the simplest operations, until a trial has been made of local applications which are generally successful. The most useful of these, well known for a long time, and an efficient resolvent too much neglected in surgery since the applications of iodine have become so common, is a saturated solution of muriate of ammonia. Compresses dipped in the solution should be applied. Sometimes an erythema, even slight vesication, may be caused, but the part may be covered with powder, and the cure is not retarded.

HYDRATE OF CHLORAL IN PUPERAL CONVULSIONS.—Dr. H. Chouppe, *Annales de Gynécologie*, March, 1876, states that hydrate of chloral has given better results than any other treatment in puerperal eclampsia. Easy of employment, in no wise dangerous, it may be used in all cases, as well in the mildest as in the severest; it may be employed as a prophylactic when convulsions are threatened. But it should be given in a large dose, especially the first time; and it should be continued some time after the termination of the convulsive attacks.

Notes and Queries.

MEDICAL EDUCATION.—The April number of the St. Louis Medical and Surgical Journal contains an earnest appeal, by Dr. William S. Edgar, the senior editor, to the Missouri State Medical Association, for establishing a State Board of Examiners, by whom all who shall hereafter desire to practice medicine or surgery in Missouri must be examined.

In the course of this appeal, Dr. Edgar asserts that the way into the medical profession has been made broad and easy, and the enticements so alluring, neither price nor brains being longer required; that with the unnecessary multiplication of schools comes sharp competition, with its disgraceful accompaniments, and that the show of a class must be made, even if all its members are beneficiaries and without preparation or qualification for the profession; that schools are established to give prominence to men and advertise them, not men selected to fill the chairs and give reputation to the school; and that the title M. D. is just as good, obtained by an ignoramus from an inferior college, so far as the public are concerned, as that obtained by a competent man from the best institution; and that personally he has no objection to low fees for medical teaching, or no fees, if a fair standard of preparatory education were required of the matriculant.

We are sure that these statements will be heartily endorsed by thoughtful and observant physicians. The inaction, if not indifference of the profession, in matters which involve its honor, its dignity, and its emoluments, is passing strange. Facilitate, by a low standard of examination and by little or no charges, the obtaining of a medical degree, and overcrowding of the profession, depreciation of professional ser-

vices, and a tendency to rely upon despicable arts instead of upon merit, are the inevitable consequences. The reckless multiplication of medical colleges, professorships sometimes sought and obtained by men deficient in professional scholarship, and who never possessed the literary culture qualifying them for teaching anything, the veriest orthographic and syntactic mutineers when they attempt to write the English language; or else these positions, which should be the high places in medicine, are occupied by youths who, instead of enduring the heat and burden of the day, winning their way up through toil and trial, achieve their factitious greatness as quickly as Jonah's gourd its growth, and use their places as banking capital out of which to make money, and parade themselves as prodigies of professional learning and success; and of the hundreds of students tempted from farm or workshop by the facilities for obtaining the doctorate, and rushing for the coveted prize without first seeking the qualifications necessary to commence study, how many, before half a score of years has passed, will, if honest and conscientious, bitterly rue their course,—here is the *iliad* of countless woes to medicine and to man.

We arraign no particular colleges, east or west, for the average character of medical students and the average facilities, so far as final examination is concerned, for obtaining a degree, are about the same in most of them; and the truth of Dr. H. C. Wood's assertion, "the diploma of Harvard is the only American one which guarantees a knowledge beyond the most elementary principles," has not been successfully disputed.

But with evils so patent, so pronounced, connected with our medical education, what action do medical societies take? Certain wrongs in medical teaching in Louisville have recently been exposed, and some of the leading journals of the country have expressed surprise and censure. But did the Kentucky State Medical Society, at its last session, so much as inquire into the matter, and ascertain the truth or falsity of these bold allegations?

Indiana, not to be behind Kentucky, has also four medical schools. Is there any necessity for all these? Have they any right to life, liberty, and the pursuit of students? Nay, would it not be an act of mercy to the profession, and of justice to the colleges, for the State Medical Society, which convenes at Indianapolis the third Tuesday of this month, to treat three—and personally we care not a straw which ones shall constitute the three—like supernumerary kittens, strangle them outright, letting the “fittest” survive, then fill its chairs with the best ability in the state, or out of the state, that can be obtained, but compel it to adopt essentially, possibly not immediately but gradually, the Harvard plan, or accept the fate of its very worthy predecessors.

One medical school in Indiana, put upon the broad and rational basis suggested, heartily endorsed by the profession, a center around which should be gathered professional honor, pride, integrity and culture, and to which should be brought such pecuniary endowment as physicians themselves would give or could secure from the wealthy and generous citizens of the state, could accomplish vast and permanent good. Would there be too many aspirants for places? Let the fiery ordeal of a *concours* burn up the dross and bring out the gold.

Some such action as this we have hurriedly outlined is, we believe, the immediate and imperative duty of the State Society. Equally immediate and imperative, too, is it for the physicians of the different states to urge in each one the establishment, by legislative authority, of a State Board of Examiners—a plan so faithfully and so strongly advocated by Dr. Edgar.

TWO CASES OF PROLAPSE OF THE VAGINA AND UTERUS SUCCESSFULLY TREATED.—Dr. I. Mendenhall, of New Castle, Ind., reports these cases:

Mrs. K., thirty-seven years of age, married seventeen years, dates her ill health to the birth of her only living child, seven years of age, when, as she alleges, great violence was used by

the midwife in attendance in the extraction of the body. She suffered greatly from pelvic pain, soreness, and bearing down. Upon examination, I found a tumor quite as large as the fist projecting upward from between the labia, and so pressing upon the urethra that she said it had always to be pushed aside whenever she wished to urinate. This tumor was composed of the everted vagina and of the prolapsed uterus. Both the uterus and the vagina were ulcerated. Oiling the parts well, I succeeded by manipulation in restoring the displaced organs. I applied tincture of iodine freely to the ulcerations, introduced a sponge pessary, directing its removal twice a day and thorough washing out each time the vagina, to be followed by an injection of a solution of chlorate of potash. Subsequently the tincture of iodine, or the muriated tincture of iron, was used as required by the condition of the ulcers, and some astringent injections. Her recovery was remarkably rapid; in five weeks she was well, and in less than eighteen months gave birth to a healthy child, and now, some months since this confinement, remains in good health.

The second case occurred in a lady fifty-seven years of age, mother of a large family: the displacement dated only seven months. I found a similar condition to that described in the first case, resorted to a similar plan of treatment, and the recovery was equally prompt and satisfactory.

AMERICAN CHEMICAL SOCIETY.—An effort is being made by some of the leading chemists of New York City to effect a national organization under the name of the American Chemical Society, to be conducted upon the plan of those that are so successful in France, Germany, and England. With such men as Chandler, Morton, and others equally active and energetic at the head, and the coöperation of chemists throughout the country, it will without doubt be a success. Such an organization will prove a powerful and healthy stimulus to original research by bringing its members into closer union, and insuring a better appreciation of chemical science and its students on the part of the public.

KENTUCKY STATE MEDICAL SOCIETY.—This Society met at Hopkinsville, April 4th, Dr. J. A. Hodge, of Henderson, President. Nearly one hundred members were present, and the following reports and papers were presented, most of them being read: On Medical Ethics, by Dr. Todd, Owensboro; Scarlet Fever and Malarial Epidemics, by Dr. Larrabee, of Louisville; Transfusion, Dr. F. C. Wilson, of Louisville; Nature in Disease, Dr. John Speed, of Louisville; on the Lives and Writings of Drs. Caldwell and Drake, by Dr. L. P. Yandell; on Dermatology, Dr. L. P. Yandell, Jr.; on Syphilitic Diseases of the Skin, by Dr. Octerlony, of Louisville; Chronic Suppuration of the Middle Ear, Dr. M. F. Coomes, of Louisville; use and effects of Sulphate of Cinchonidia, Dr. Compton, of Evansville, Ind.; the advantages of Hypodermic Medication, Dr. Saunders, of Paducah; on a case of Cranial Surgery, by Dr. Dismukes, of Mayfield: Veratrum Viride in Pneumonia, by Dr. Given, of Louisville.

Louisville was selected as the place of next meeting, and the following officers were selected: President, Dr. R. W. Gaines, of Hopkinsville; Senior Vice President, Dr. C. H. Todd, of Owensboro; Junior Vice President, Dr. L. S. McMurtry, of Danville; Recording Secretary, Dr. J. H. Letcher, of Henderson; Corresponding Secretary, Dr. A. D. Price, of Harrodsburg; Treasurer, Dr. J. A. Larrabee, of Louisville; Librarian, Dr. J. J. Speed, of Louisville; Committee on Publication, Drs. J. W. Thompson, D. A. Maxwell, J. G. Brooks, of Paducah.

The following delegates were appointed to the American Medical Association: Drs. P. H. Bailhache, Louisville; T. J. Griffiths, Louisville; J. A. Larrabee, Louisville; J. M. Bodine, Louisville; L. P. Yandell, Jr., Louisville; J. M. Keller, Louisville; F. C. Wilson, Louisville; J. A. Octerlony, Louisville; E. S. Gaillard, Louisville; J. P. Letcher, Lexington; C. H. Todd, Owensboro; R. M. King, Madison; J. A. Carr, Princeton; J. P. Thomas, Pembroke Station; J. W. Singleton, Paducah; J. M. Montmollin, Ashland; Chas. Mann, Nicholasville; W. M. Hanna, Henderson; J. H. Letcher, Henderson; J. A.

Hodge, Henderson; W. M. Fuqua, Hopkinsville; L. B. Hickman, Hopkinsville; J. O. McReynolds, Elkton; J. N. Bass, Elkton; J. N. Metcalf, Garrettsburg; O. L. Drake, Slaughterville; L. B. Todd, Lexington; H. M. Skillman, Lexington.

The following gentlemen were appointed chairmen of special committees: Philosophy of Medicine, James Wheeler, of Hopkinsville; Syphilis, Irvin Keller, of Louisville; Surgical Diseases of Military Life, P. H. Bailhache, U. S. M. H. S.; Ophthalmology, D. S. Reynolds, Louisville; Glaucoma, P. F. Johnson, Owensboro; Hysteria, J. S. Dismukes, Mayfield; Pyæmia, E. R. Palmer, Louisville; Malarial Complications, J. W. Singleton, Paducah; U. S. Marine Hospital, T. J. Griffiths, Louisville; Necrology, J. B. Marvin, Louisville; Diseases of Children, J. A. Larrabee, Louisville; Sprains, R. O. Cowling, Louisville; Otology, M. F. Coomes, Louisville; Physiological and Pathological Changes in Blood Corpuscles, F. C. Wilson, of Louisville; Gynecology, W. H. Wathen, of Louisville; New Remedies, J. A. Octerlony, of Louisville; Aspirator and its Uses, D. W. Yandell, of Louisville; Diseases of the Genito-Urinary Organs, R. F. Logan, of Shelbyville; Diseases of the Throat, R. C. Brandeis, of Louisville.

Delegates to the International Medical Congress are as follows: Dr. L. P. Yandell, Louisville; Dr. John A. Larrabee, Louisville; Dr. D. L. Reynolds, Louisville; Dr. R. O. Cowling, Louisville; Dr. D. W. Yandell, Louisville; Dr. J. Hale, Owensboro; Dr. J. H. Hodge, Henderson; Dr. George T. Erwin, Danville; Dr. J. M. Montmollin, Ashland; Dr. James H. Letcher, Henderson.

Appropriate resolutions with reference to the late Dr. Lewis Rogers, presented by Dr. L. P. Yandell, were adopted; and Drs. McMurtry, Cowling and Letcher were appointed to perform a similar duty with reference to the late Dr. John D. Jackson.

The following resolutions, offered by Dr. L. P. Yandell, were passed:

Resolved, That this Society heartily indorse the recommendation of the American Medical Association, looking to the advancement

of the medical profession in our country, and will second its efforts to render medical education in America more thorough, practical, and finished.

Resolved, That it is becoming and proper, in this centennial year of our nation, that the profession everywhere should lend its moral support to our great Medical Congress in its efforts to increase the usefulness, the efficiency, and the dignity of American medicine.

The Society adjourned to meet in Louisville the first Tuesday in April, 1877.

AMERICAN MEDICAL ASSOCIATION.—The twenty-seventh annual session will be held in the city of Philadelphia, Pa., on Tuesday, June 6, 1876, at 11 A. M.

"The delegates shall receive their appointment from permanently organized state medical societies, and such county and district medical societies as are recognized by *representation in their respective state societies*, and from the medical department of the army and navy of the United States."

"Each state, county, and district medical society entitled to representation, shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular state, territory, county, city or town, shall not exceed the ratio of one in ten of the resident physicians who may have signed the code of ethics of the Association."

Secretaries of medical societies, as above designated, are earnestly requested to forward at once lists of their delegates, in order that the committee of arrangements may be enabled to form some idea of the number likely to be present.

Sections.—"The chairmen of the several sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective sections." (By-Laws, art. 2, sec. 4.) "Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the secretary of the appropriate section at least one month before the meeting which is to act upon them. It

shall be the duty of the secretary to whom such papers are sent to examine them with care, and with the advice of the chairman of his section to determine the time and order of their presentation, and give due notice of the same." (By-Laws, art. 2, sec. 5.)

W. B. ATKINSON, M. D., Sec'y.

UNIVERSITY OF PENNSYLVANIA, MEDICAL DEPARTMENT.—The Medical Department of the University of Pennsylvania has for a long time entertained the idea of lengthening the period of medical study and grading the course accordingly. As a commencement in this direction, the trustees have elected four gentlemen from the staff of the University Hospital as members of the faculty, creating the four extra chairs to which these gentlemen are to be attached. The appointments are as follows: Morbid Anatomy and Pathology, James Tyson, M. D.; Clinical Surgery, John Neill, M. D.; Clinical Medicine, William Pepper, M. D.; and Diseases of Women and Children, William Goodell, M. D. The other members of the hospital staff—Drs. Wood, Norris, Strawbridge, and Duhring—retain simply their former positions, being specialists. The newly-elected professors will receive no emolument until an endowment fund is raised, and the position and titular honors of the other professors are to remain unchanged. (Medical Record.)

NEW MODE OF OBTAINING LOCAL ANÆSTHESIA.—M. Latamendi has found that when Richardson's apparatus is used, rubefaction and a sensation of cold is produced. If at this moment a slight incision of about half an inch is made with a curved bistoury, not deeper than the epidermis and the upper layer of the cutis, from the incised spot an anæmic zone is formed, which goes on spreading. If the ether spray is continued, the region becomes bloodless, and complete anaesthesia has been obtained. The knife cuts the part like butter, the spot resembling coagulated fat. Around this an annular patch is observed, which is not so completely anaemic as the center. The spray directed upon this renders it also completely anaesthetic. Thus the anæmia can be extended in every direction, around and up the arm. If the spray be suspended, the effects disappear quickly; but, the spray being resumed, in a few seconds the ischaemia returns. (Lancet.)

CARBOLIC ACID AS AN ANTHELMINTIC.—Dr. J. H. Bill, in the New York Medical Record, November 15, 1873, reports a case of tape-worm cured by carbolic acid. To add to the literature of the subject, we have called upon a physician* of Indianapolis for the result of his experience with the acid. The Doctor informs us that he has seldom used any other agent for the destruction of all kinds of worms in the intestinal canal. Since 1870 he has only met with two cases of tape-worm in his own practice, in both of which carbolic acid was successfully prescribed. The proper dose for an adult is five grains in a drachm of glycerine, repeated several times in twenty-four hours. In three or four days an active purgative should be given. As far as possible the patient should be confined to fluid food, the object being to have everything surrounding the unwelcome guests contaminated with the poison. If the first effort does not make the locality uninhabitable for them, repeat the infliction. In one case where the carbolic acid was administered, both by the mouth and by the rectum, there were discharged, dead, half a gill of thread-worms, fifty-four round-worms, and a tape-worm.

Poisoning BY GOAT'S MILK.—The Italian and German journals, says the *Gazette Obstétricale*, give the history of an epidemic occurring in the environs of Rome, having quite a singular cause. A great number of persons were attacked with gastro-intestinal irritation, which was manifested by vomiting and diarrhœa; they had intense thirst and a notable diminution in temperature, and in the frequency of the pulse. After some investigations the physicians suspected goat's milk, but a veterinary surgeon pronounced the animals healthy. The milk and the dejections of the patients were analyzed, but not a trace of metallic poison found. Attention was next directed to the ordinary pasture of the goats, and there were found four poisonous plants, viz., *clematis vitalba*, *conium maculatum*, *colchicum autumnale*, and *plumbago Europaea*. The milk and the discharges by vomiting were again examined, and in each colchicine was discovered.

* Dr. J. M. Kitchen.

A NOBLE TRIBUTE TO A NOBLE MAN.—At a banquet given the Kentucky State Medical Society, at its recent annual meeting, a toast was given Dr. L. P. Yandell, one of the noblest, truest, and best men in the medical profession. Dr. Yandell having returned home, his son, Dr. L. P. Yandell, Jr., replied to the toast, and from the reply we make the following extract:

"For more than half a hundred years, Lunsford P. Yandell has been a medical warrior, a true and goodly knight whose puissant tongue and trenchant pen have ever been ready and active in the cause of truth. War makes enemies as well as friends; but while the old soldier's enemies are as abundant as blackberries, his friends are as the sands of the sea or the leaves of the forest. Ere many more meetings of this society it is probable he may fall in the fight, and I need not tell you, my friends, that he will 'die with his harness on his back.' He stands now battling alone of all the soldiers who enlisted with him, but, though alone, not lonely, for an army of younger, loyal and loving hearts cling to him and cheer him on his march. In the name of my father, gentlemen, I thank all for the honor you have done him, and be assured his good and great old heart will throb with gladness when he reads the kind things you have said of him to-night."

EXTRA-UTERINE PREGNANCY CONTINUING TWENTY-EIGHT YEARS.—Küster, *Gazette Obstétricale*, March 2, 1876, communicated to the Obstetrical Society of Berlin the history of a patient, fifty-seven years old, who had for twenty-eight years an extra-uterine pregnancy. The fetal remains were extracted through the rectum, and from the development of the various bones that were removed it was concluded that death had occurred toward the end of the eighth month. The patient completely recovered.

THREE HUNDRED AND SIX DAYS' GESTATION.—Dr. Graves, of Lynn, Mass., reports—Boston Medical and Surgical Journal, March 30th—a case where gestation was prolonged to three hundred and six days.

APRIL 15, 1876.

MY DEAR PARVIN: I don't write this as you expected me to do from Marshall, Texas, where I had gone to attend the annual meeting of the Texas State Medical Association, for the very good reason that from the time I touched the soil of this young but unequalled state until now, when I am nearly out of it, I haven't had one minute left me for writing, even to the *American Practitioner*. I write now on the cars, while detained by a break in the connection of the trains.

I reached Marshall, a flourishing town in Eastern Texas, on Monday afternoon, April 3d. Dr. E. P. Johnson, an old and esteemed pupil of my father, met me at the depot. The doctor, for many years one of the leading medical men and foremost citizens in this portion of the state, was chairman of the committee of arrangements, and right hospitably did he do the somewhat fatiguing duties of the office. On the opening of the Association, the next day, he delivered the address of welcome, which abounded in beautiful thoughts. One of them I remember sufficiently well to quote: "We come here," he said, "not to whet our scalpels, but to sharpen our hearts for our work, through the helpful countenance of one another. The Mussulman resorts at times to Mecca, the sacred city of his faith, not to school himself in the tenets of the prophet, but to catch from the solemn surroundings the spirit of Mahomet. The Jew, at the holy feasts of his race, sees through type and symbol the inner significance of his faith; so we come to our annual reunion—the design of which lies, if I may be permitted to say it, not so much in the direct increase of medical knowledge, as in the nameless yet mighty power of communion to inspire us with the grand spirit of our mission, and bring us the nearer to one another."

Notwithstanding this broad invitation to the Society to be gay and give itself over to the many attractions provided for it by the good people of Marshall, and all of which were in due time enjoyed, I never saw a more earnest or honest set of workers meet together. After the least possible fillibus-

tering on the part of a few members, the usual batch of resolutions, amendments and substitutes, which it seems were made and provided from the beginning of the world for certain people, who go regularly to societies with no other purpose than to offer them, the real work began and continued uninterruptedly during the four days' session. It is true the parliamentarian was there—was there ever a medical association where he was not?—but he was knocked out of time early at Marshall, and gave the minimum of trouble.

The day was taken up with reports of regular committees, all of which were creditable to their authors, and would have been listened to in any society with attention.

Tuesday evening the President, Dr. H. W. Brown—an old friend of Confederate days, known to you as being formerly Professor of Anatomy in the Atlanta, Georgia, Medical College, and now residing in Waco—delivered his address in the Opera House to a large and appreciative audience, composed of the fashion and beauty of Marshall. Of course the address was good, for Dr. B. is a strong thinker and vigorous writer. It related rather to matters which concern Texas and Texan doctors than those which would interest people at large. It can not fail, however, to do good to the profession in the state.

Wednesday was occupied, with scarcely the loss of a moment, in reading and discussing regular and volunteer papers. Thursday went ditto. During the morning session of that day, I saw Dr. Thomas D. Wooten—now of Austin, formerly of Springfield, Missouri, and who endeared himself to thousands of Confederate soldiers by his skill and kindness while serving with General Price's army corps—remove half the upper jaw from a lad, for a fibroid tumor springing from the antrum. He did the operation as well as I ever saw it done; and I am sure I have seen it performed a score of times.

The next morning I saw Dr. T. D. Manning, of Waco, an alumnus of the Medical Department of the University of Louisiana, extract a cataract by Liebrich's method in a man-

ner that would have done credit to a veteran. He showed during the operation, which was really attended with unusual difficulties, every element of the finished surgeon.

Of the receptions, entertainments, balls and banquets, I have not time to write. They filled in the evenings, and were all charming in their way. Of the scientific work done I will give you a very brief abstract for June.

The Association adjourned Friday noon, with the following cast of officers for 1876-77: President, Dr. R. H. Garrison, of Columbus; first Vice President, Dr. John H. Pope, of Marshall; second Vice President, Dr. Wiley, of Dallas; third Vice President, Dr. Park, of Tyler; Secretary, Dr. W. A. East, of Hallettsville; Treasurer, Dr. Larrendon. Next place of meeting, Galveston; time, April 5, 1877.

Ah! Parvin, may I be there to see! A splendid body of men are those Texas doctors. Enterprising, ambitious men; strong, hardy men; abounding in courage, self-reliant, full of zeal in their calling; their shelves crowded with the works of the masters, and on their tables lying the leading medical journals of the day; with big brains and big hearts, they will do much to mould and direct the new civilization which is being developed with such marvelous rapidity in this young but powerful commonwealth.

From Marshall I moved on San Antonio, where I had business, taking Houston in my way. From the latter city—where poor Breckinridge, whose silver tongue so won you when you first heard it, don't you remember?—I took the "Sunset" route, as it is very properly called, to San Antonio; a route full of beauties, traversing endless forests of the melancholy pine, undulating prairies, a very blaze of color from the many-tinted verbenas, which rear their graceful heads on this their native soil. Crossing rushing rivers, great lakes, by smiling fields, through thriving villages, the locomotive dashed on, disturbing here and there the still large flocks of prairie chickens, and anon a herd of deer; while on every side, and all around, were the long-horned cattle fattening on the fresh, young grass, getting ready to

be sent next autumn, on "refrigerator" cars, to the denizens of the great cities of the East, to be cut up into roasts, fillets, and steaks.

The Sunset road goes no farther now than Kingsbury, a dreary-looking terminus town, forty-seven miles east of San Antonio. Here I took the stage. I mounted the box by the driver. The driver was a quiet man, at least when on duty, as I believe most good drivers are. He was engaged in watching his team, and turning it here and there along our somewhat devious way. I soon learned from him that he was from Ohio—the northeast corner. His two wheel horses came from Missouri, his leaders were from Kentucky; and a noble team altogether it was.

Soon after leaving Kingsbury we met a Mexican train coming from still nearer the sunset, loaded with dry hides to be exchanged for the commodities of the white man. The ten little mules, not much larger than New Foundland dogs, two at the wheels and then four abreast, attached to each wagon by harness made of raw-hide, came lazily along, guided by the whip of the swarthy, beetle-browed, coarse-featured descendant of the Cortes. By them sped the coursers of the Blue Grass region, guided by the hand of the fair-skinned, blue-eyed man of the East, pushing down the civilization of his strong race right into what was once the fairest of all the kingdoms of the Mexican.

On the road to San Antonio I had opportunity to study the country rather more at my leisure than I had been able to do on the cars. Texas is emphatically the land of ponies and doves. There are more of both than I have ever seen anywhere else. The former are small, ragged, of variegated color, and vicious, though they are oftentimes pleasant goers and occasionally handsome. They are inexpensive brutes, selling, according to size and quality, from four to ten, and even twenty-five dollars. The doves abound; they build their nests in the prairies (where trees are scarce) on the ground, and between the rails of the fences. I saw four nests in one fence-corner, and more than twenty in one small

post-oak. Numerous partridges, still in flocks, whirred across the road, especially in the mesquite country. I noticed among some on the ground that the cocks were fighting each other, and making love to the hens, preliminary to selecting their partners for the family business, which must now soon begin. This favorite little bird is said to be found by the hundreds of thousands in the country between San Antonio and the Rio Grande—a flock, a friend told me, under every mesquite bush, and the bushes close together. I should like to be among them next November. I saw a few chaparral cocks—splendid looking fellows, the color of a prairie chicken, somewhat larger, and with a long tail. He is almost as fleet of foot as an ostrich, flies reluctantly and but for short distances. His safety against his enemies lies in the density of the cover he keeps, and his speed when found in open ground. His wings don't appear to be of any special use to him, farther than to enable him to mount the brush, which he leaves behind him with astonishing celerity. The mocking-bird is abundant, as is also a bird called here the bird of paradise, a beautiful little fellow, with an extravagantly long tail, which really seems to impede his flight. Add about six inches of tail-feathers to a small mocking-bird, and give him a dull white breast, and you have this chap.

I saw, for the first time, a Mexican buzzard—in size between a crow and our buzzard, say the size of a large hawk, dull white breast and tips, large red wattles; a very destructive bird on young pigs, chickens, rabbits, and other small deer. His movements and behavior, at a distance, reminded me of those of the fish-hawk. The mule-eared rabbit, and our own cotton-tail, also abound. The former is four or five times the size of the latter; and when moving at half speed, he looks for all the world like a young antelope. None but the fleetest greyhound can outfoot him, and he has great bottom as well. I saw but one variety of the woodpecker; the hairy woodpecker, our red-head woodpecker, the woodcock, and yellow hammer, being either scarce or altogether unknown.

By most of the standing pools of water, the crane kept watch like some gaunt sentry; and when disturbed, rose and slowly flapped himself away across the illimitable prairies. Blackbirds by the thousand at times darkened the air, and crowded the heels of the plowman, as he turned up the worms and larvæ on which they fed. An occasional jack-snipe, detained beyond his time, "scaped" as he was disturbed in his repast; while the upland plover was to be seen in all the newly-plowed land and throughout the prairies. No one who has not eaten this delicious bird at this season in Texas, can have any idea of what a delicacy it is. He is hunted in buggies or open wagons, it being impossible to get sufficiently near him either on foot or on horseback. I wish he made his home in Kentucky. I don't know that his doing so would lengthen my days on the earth, but it would shorten many of his, and add greatly to the enjoyment of mine. I don't think I ever ate a better bird.

A word only of San Antonio. An old darkey living in Jacksonville, Florida, was asked last winter by a Massachusetts doctor, what he managed to get to eat in that town. "Why, massa," he replied, "as for me I live mainly on fish and strangers." Well, San Antonio is made up mainly of Germans and Mexicans. There are, it seemed to me, but a very small number of Americans.

After seeing some friends, I spent the remainder of the time in the Mexican quarter of the quaint old city. I took supper in a Mexican eating-house; and, Parvin, let that supper do for us both. As Colonel Charley West, an old army friend, said to his son, a lad of ten years, in a letter written to him just as we had surrendered the last musket to you fellows: "My son, if in the future time, when you have grown to be a man, anybody should ask you to join in a revolution, of course you will very probably do as you please; but I beg you to remember that it is the opinion of your father that he has revolved enough for the entire family." I feel just that way about a Mexican supper; at least of one composed of "*Enchilada*" and "*Tamallis*." I

have eaten enough—and yet it was but a taste—for the present editors and all future editors of the American Practitioner; and I wish here to be put on record to that effect.

You never ate enchilada, did you, Parvin? I hope you never will. You never ate tamallis, did you? Well, don't. An enchilada looks not unlike an ordinary flannel-cake, rolled on itself and covered with molasses. The ingredients which go to make it up are pepper, lye-hominy, pepper, onions chopped fine, pepper, grated cheese and pepper. The hominy is first beaten into a paste or dough, and this is flattened to about the thickness of an ordinary batter-cake, and then turned several times upon itself, the pepper, onions, pepper, cheese and pepper, being placed between the folds, and over all is poured a sauce or gravy of pepper. In point of looks, the enchilada is, as I have intimated, not uninviting. In point of taste, it is a cross between bicarbonate of soda and capsicum, with a good deal of chaw in it. One mouthful would go round an entire family in Louisville.

The tamallis, when placed on the table, presented the appearance of a lot of huge shuck cigarites, which had been soaked in water. They were composed of the same lye-hominy paste, shaped into cylinders a little larger than, and about as long as your finger, containing some kind of forced meat. Each cylinder is wrapped, and then boiled, in a corn shuck, and served in this envelop. A friend who was with me, and who declared he was *not* particularly fond of the dish, though he often ate it, soon had a pile of wet shucks by his plate six inches high. I think he ate a dozen of the things. I was satisfied with a small part of one. The tamallis tasted to me very much as I suppose boiled maccaroni, thickened with bread soda, would do. My opinion is that no man can eat enchilada and tamallis long and remain honest.

The three staples in Mexican cookery, as I observed it, are pepper, corn, and pepper; the corn is sandwiched between the pepper. The corn is first husked by being soaked in lye or lime-water, and then briskly rubbed and beaten on a flat

stone—a process which produces a paste or dough, or meal, meaner than any lye-hominy you have in Indianapolis.

But I must come to a close; yet I can not do so without at least alluding to one of the most pleasant events in all my life—a reception given me by the faculty in Dallas. May be, after all, Parvin, I had better say nothing; for I can not do it, or the emotions which it awoke in me, justice. The good breeding, the genuine hospitality, the cordiality, the kindness, the consideration, the pleasant memories recalled by former pupils—now distinguished practitioners—the inquiries made by the older physicians present of their beloved preceptor, my venerable father, and a hundred other gentle, kindly things, go to make up a picture which, if it were brought out in its just proportions, would fill the American Practitioner for the balance of the year. And in return for all this, and much more than I now have time to tell you, I gave—what? A lecture on the "Immediate use of the immovable apparatus in fractures," and on the "Modern doctrines of Syphilis." Yes, one other thing—a heart brimful of gratitude.

Faithfully, in the bonds of the press, yours, my dear Parvin,

D. W. YANDELL.